

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30**

Purpose: **Inspection**

DATE/TOA: **1/13/15 2:30 pm**

CARLA HARTMAN
11828 YOUNGS RD.
CONEWANGO VALLEY NY 14726

Inspector #: **68**

These are the findings of an inspection of your facility on the date(s) indicated above:

- | | |
|---|-----|
| 1. Shelter is structurally sound | Yes |
| 2. Housing area and equipment is sanitized regularly | Yes |
| 3. Repairs are done when necessary | Yes |
| 4. Dogs are handled safely | Yes |
| 5. Adequate space is available for all dogs | Yes |
| 6. Light is sufficient for observation | Yes |
| 7. Ventilation is adequate | Yes |
| 8. Drainage is adequate | Yes |
| 9. Temperature extremes are avoided | Yes |
| <i>In basement</i> | |
| 10. Clean food and water is available and in ample amount | Yes |
| 11. Veterinary care is provided when necessary | Yes |
| <i>Dr. Inkley, Randolph</i> | |
| 12. Dogs are euthanized humanely, by authorized personnel | Yes |
| 13. Complete intake and disposition records are maintained for all seized dogs | No |
| <i>One dog from 8/25/14 missing a license number</i> | |
| 14. Dogs transferred for purposes of adoption in compliance with Article 7 | Yes |
| 15. Redemption period is observed before adoption, euthanasia or transfer | Yes |
| 16. Owners of identified dogs are properly notified | Yes |
| 17. Redeemed dogs are licensed before release | No |
| <i>One dog from 8/25/14 missing license number</i> | |
| 18. Proper impoundment fees paid before dogs are released | Yes |
| 19. Written contract or lease with municipality | Yes |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
0416	Town of Leon

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Carla Hartman**
TITLE: **DCO Town of Leon**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **01/16/2015**