NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS DIVISION OF ANIMAL INDUSTRY 10B AIRLINE DRIVE, ALBANY, NY 12235

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: Satisfactory365

Purpose: Inspection

DATE/TOA: 2/4/15 2:15 pm

WILSON DOG SHELTER 3356 CAMBRIA-WILSON ROAD WILSON NY 14172 Inspector #:56Inspector #: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
Heat lamps are available for use in cold temperatures.	
10. Clean food and water is available and in ample amount	Yes
Heated water dishes are available.	
11. Veterinary care is provided when necessary	Yes
Wright's Corners Animal Hospital provides services.	
12. Dogs are euthanized humanely, by authorized personnel	Yes
Wright's Corners Animal Hospital would provide services.	
13. Complete intake and disposition records are maintained for all seized dogs	Yes
14. Dogs transferred for purposes of adoption in compliance with Article 7	Yes
Dogs are transferred to the SPCA Serving Erie County.	
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	Yes
18. Proper impoundment fees paid before dogs are released	Yes
19. Written contract or lease with municipality	Not Applicable

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME

2912

Town of Wilson

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:Rich and Stan CulverwellREVIEWED BY:Inspector #: 14TITLE:DCOsREVIEWED DATE:02/12/2015