

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **3/23/15 9:00 am**

**FRIENDSHIP MUNICIPAL SHELTER
14 EAST WATER STREET
FRIENDSHIP NY 14739**

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>Heater in facility</i> | |
| 10. Clean food and water is available and in ample amount | Yes |
| 11. Veterinary care is provided when necessary | Yes |
| <i>Dr. Bruce Kaplan</i> | |
| 12. Dogs are euthanized humanely, by authorized personnel | Yes |
| 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 |
| <i>S.T.A.R. Rescue</i> | |
| 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
0216	Town of Friendship

REMARKS:

It was discussed that dogs with an out of state license may show proof of license in the other state or obtain a license in the seizing Town dependent on DCO's discretion but ensuring that the dog has a current Rabies vaccination.

REPRESENTATIVE PRESENT FOR INSPECTION: **Connie Otto**
TITLE: **DCO**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **03/23/2015**