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

Rating: Unsatisfactory30

Purpose: Inspection

DATE/TOA: 5/5/15 3:30 pm

THE SPCA IN CATTARAUGUS COUNTY 2944 ROUTE 16 OLEAN NY 14760

I hese 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	No	
All kennel sections that are in the middle of repairs are housing dogs. Many extensive repair. Ten kennels have rusted, jagged edges on the lower fra painting or replacement. Ceiling is missing entirely due to partial reconstru- within reach of dogs.	mework. Several kennel frames require	
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	
10. Clean food and water is available and in ample amount	Yes	
11. Veterinary care is provided when necessary	Yes	
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	
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	No	

On occasion, the DCO releases dogs without the proper impoundment fees collected. The Towns need to pass a local law ordinance in order to continue to do so. Otherwise the Shelter maintains their own fee schedule which is above the minimum set forth by Article 7.

No

19. Written contract or lease with municipality

City of Olean contract was not available at the time of inspection but had previously expired. All other contracts are current - as they are open-ended.

Inspector #: 68 Inspector #: 14

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

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Town - City - Village Information for Inspection:

TCV NAME
Village of Ellicottville
Town of Olean
Town of Red House
City of Olean

REMARKS:

REPRES	SENTATIVE PRESENT FOR INSPECTION:
TITLE:	DCO Olean

Joe Neamon

REVIEWED BY:	Inspector #:
REVIEWED DATE:	05/06/2015