

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **6/2/15 11:15 am**CITY OF SCHENECTADY DOG SHELTER  
WATER POLLUTION CONTROL PLANT  
300 ANTHONY STREET  
SCHENECTADY NY 12308Inspector #: **58**


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

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| 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            |
| 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                      | Yes            |
| 19. Written contract or lease with municipality                                | Not Applicable |

*Municipal shelter*


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 Town - City - Village Information for Inspection:
 

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TCV CODE	TCV NAME
4206	City of Schenectady

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:  
TITLE: **ACOs****C. Bialobzeski and P.  
Perez**REVIEWED BY: **Inspector #: 50**  
REVIEWED DATE: **06/03/2015**