

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30**

Purpose: **Inspection**

DATE/TOA: **8/11/15 11:45 am**

YONKERS ANIMAL SHELTER
1000 Ridgehill Blvd.
YONKERS NY 10710

Inspector #: **61**

Inspector #: **18**

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
<i>Kenel Sol and bleach</i> | 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
<i>Central Animal Hospital</i> | 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
<i>After the redemption period, the seized dog can be transferred to a municipal pound, duly incorporated society for the prevention of cruelty to animals, duly incorporated humane society or duly incorporated animal protective association for the sole purpose of adoption.</i> | No |
| 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
<i>All redeemed dogs must be licensed before released in the owner's municipality.</i> | No |
| 18. Proper impoundment fees paid before dogs are released | Yes |
| 19. Written contract or lease with municipality | Yes |

Town - City - Village Information for Inspection:

<u>TCV CODE</u>	<u>TCV NAME</u>
5522	City of Yonkers

REMARKS:

This inspection form is a replacement for the previous submitted inspection

REPRESENTATIVE PRESENT FOR INSPECTION: **Almira Simpson**
TITLE: **DCO/Shelter Manager**

REVIEWED BY: **Inspector #: 18**
REVIEWED DATE: **09/03/2015**