

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory182**

Purpose: **Complaint Inspection**

DATE/TOA: **9/8/15 11:30 am**

**DELAWARE VALLEY HS
 101 E MAIN STREET
 SIDNEY NY 13838**

Inspector #: **54**

Inspector #: **50**

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 |
| 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 | Not Applicable |
| 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 | Yes |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
1206	Town of Deposit
3615	Town of Otego
1220	Village of Sidney
0312	Town of Sanford
1216	Town of Sidney
3622	Town of Unadilla
1207	Town of Franklin

REMARKS:

N/A=Handled by DCO

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **Manager**

Tammy Nober

REVIEWED BY: **Inspector #: 50**
REVIEWED DATE: **09/11/2015**