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

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365** Purpose: **Inspection**

DATE/TOA: **9/22/15 11:30 am**

BUFFALO CITY SHELTER
380 NORTH OAK STREET
BUFFALO NY 14213

Inspector #: **56**

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	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
1426	City of Buffalo

REMARKS:

Minimal odors were detected in kennel areas. Weather was warm and windy and outer doors were open. Heating and cooling of the facility was discussed. The Director said that a work request for pre-winter maintenance on the ventilation system had been submitted. It was discussed that animal housing areas rely on the ventilation system for air movement, especially in extreme weather conditions, therefore a regular cleaning and maintenance schedule of every 3 months would be most beneficial.

REPRESENTATIVE PRESENT FOR INSPECTION: **Kelly McCartney / Susan Ward**
TITLE: **Director / Account Clerk respe**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **10/06/2015**