

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory182**

Purpose: **Inspection**

DATE/TOA: **12/1/15 10:00 am**

**ANGELICA MUNICIPAL SHELTER
79 CENTER STREET / PO BOX 338
ANGELICA NY 14709**

Inspector #: **68**

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
0207	Town of Angelica

REMARKS:

The roof and ceiling are currently being worked on from the inside. New insulation is in place and the Town is working on approving changes, it is currently safe in the other three of the four kennels for any dogs.

REPRESENTATIVE PRESENT FOR INSPECTION: **Corry Clark**
TITLE: **DCO**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **12/01/2015**