

MUNICIPAL SHELTER INSPECTION REPORT - DL-90Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **12/1/15 12:45 pm****MOHAWK HUDSON HS
3 OAKLAND AVENUE
MENANDS NY 12204**Inspector #: **58**

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 | Yes |

Town - City - Village Information for Inspection:

| TCV CODE | TCV NAME |
|-----------------|-------------------------|
| 1906 | Town of Durham |
| 3803 | Town of East Greenbush |
| 0102 | Town of Bethlehem |
| 0104 | Town of Colonie |
| 3804 | Town of Grafton |
| 0107 | Town of Knox |
| 0108 | Town of New Scotland |
| 3807 | Town of North Greenbush |
| 3813 | Town of Schodack |
| 0110 | Town of Westerlo |
| 0111 | City of Albany |
| 0112 | City of Cohoes |
| 3815 | City of Rensselaer |
| 4206 | City of Schenectady |
| 3816 | City of Troy |
| 0113 | City of Watervliet |
| 0105 | Town of Green Island |

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **Customer Service Assoc.**

Melissa Lafond

REVIEWED BY: **Inspector #: 50**
REVIEWED DATE: **12/04/2015**