

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory<sup>91</sup>**

Purpose: **Complaint Inspection**

DATE/TOA: **9/7/10 11:00 am**

**STRAY HAVEN HS  
 194 SHEPARD ROAD  
 WAVERLY NY 14892**

Inspector #: **20**

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These are the findings of an inspection of your facility on the date(s) indicated above:

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### A. Standards of Care

- |   |     |
|---|-----|
| 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. Temperature extremes are avoided                       | Yes |
| 9. Clean food and water is available and in ample amount  | Yes |
| 10. Veterinary care is provided when necessary            | Yes |
| 11. Dogs are euthanized humanely, by authorized personnel | Yes |
| 12. Outdoor shelter complies with Article 26              | Yes |

### B. Records

- |   |                |
|---|----------------|
| 1. DL-18 Seizure Report is on file for all impounded dogs   | Yes            |
| 2. Holding period is observed before adoption or euthanasia | Yes            |
| 3. All dogs are licensed before release                     | Yes            |
| 4. Impound fee paid before dog is released                  | Yes            |
| 5. Written contract or lease with municipality              | Yes            |
| 6. Bond is current, updates sent to Ag & Mkts               | Not Applicable |

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Town - City - Village Information for Inspection:

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<b>TCV CODE</b>	<b>TCV NAME</b>
4901	Town of Barton
4902	Town of Berkshire
4904	Town of Newark Valley
4905	Town of Nichols
4906	Town of Owego
4908	Town of Spencer
4907	Town of Richford
4909	Town of Tioga

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Barb Bennett**  
TITLE: **manager**

REVIEWED BY: **Inspector #: 14**  
REVIEWED DATE: **09/09/2010**