

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory60**

Purpose: **Inspection**

DATE/TOA: **6/13/16 12:00 pm**

**ASHFORD DOG SHELTER
PO BOX 306/5638 FOX VALLEY RD
WEST VALLEY NY 14171**

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 | No |
| <i>The owner's information for the seized dogs is not recorded on the seizure records.</i> | |
| 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

0402 Town of Ashford

REMARKS:

The dog seizure and disposition reports report that the dogs were released to their owners, but there is no owner information recorded. John informed me that he has trouble with using the Seizure and Disposition form that is in a table format. He is to receive the single dog per page Seizure and Disposition form and complete all the information including the owner's information.

REPRESENTATIVE PRESENT FOR INSPECTION: **John Syms**
TITLE: **Assistant DCO**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **06/13/2016**