

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Satisfactory182**Purpose: **Inspection**DATE/TOA: **6/14/16 11:00 am****PORTVILLE DOG SHELTER  
1102 OLEAN-PORTVILLE ROAD  
PORTVILLE NY 14770**Inspector #: **68**


---

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

---

<b>1. Shelter is structurally sound</b>	Yes
<b>2. Housing area and equipment is sanitized regularly</b>	Yes
<b>3. Repairs are done when necessary</b>	Yes
<b>4. Dogs are handled safely</b>	Yes
<b>5. Adequate space is available for all dogs</b>	Yes
<b>6. Light is sufficient for observation</b>	Yes
<b>7. Ventilation is adequate</b>	Yes
<b>8. Drainage is adequate</b>	Yes
<b>9. Temperature extremes are avoided</b>	Yes
<b>10. Clean food and water is available and in ample amount</b>	Yes
<b>11. Veterinary care is provided when necessary</b>	Yes
<b>12. Dogs are euthanized humanely, by authorized personnel</b>	Yes
<b>13. Complete intake and disposition records are maintained for all seized dogs</b>	Yes
<b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>	Yes
<b>15. Redemption period is observed before adoption, euthanasia or transfer</b>	Yes
<b>16. Owners of identified dogs are properly notified</b>	Yes
<b>17. Redeemed dogs are licensed before release</b>	Yes
<b>18. Proper impoundment fees paid before dogs are released</b>	Yes
<b>19. Written contract or lease with municipality</b>	Not Applicable

---

 Town - City - Village Information for Inspection:
 

---

<b>TCV CODE</b>	<b>TCV NAME</b>
0427	Town of Portville

REMARKS:

 REPRESENTATIVE PRESENT FOR INSPECTION: **Denise Barber**  
 TITLE: **DCO**

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