NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS
DIVISION OF ANIMAL INDUSTRY
10B AIRLINE DRIVE, ALBANY, NY 12235

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory182** Purpose: **Inspection**

DATE/TOA: **6/23/16 10:15 am**

TOWN OF JOHNSTOWN ANIMAL SHELTER
352 COUNTY HWY 122
MAPLE AVE
GLOVERSVILLE NY 12078

Inspector #: **54**

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	Not Applicable
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

Municipal owned shelter

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
1705	Town of Johnstown

REMARKS:

N/A=DCO handles notifying owner of identified dogs seized.

Latches are installed on all but one large run that is being used for storage. This is the run that that will need plexiglass installed where the vertical steel bars connect to the support pipes, to prevent a dog's limb or head from becoming lodged. All of the latches secure the doors firmly and all have hooks to prevent dogs from flipping the latches up. The hot water is operational to effectively clean food & water receptacles.

REPRESENTATIVE PRESENT FOR INSPECTION: **Nancy Hart**
TITLE: **DCO**

REVIEWED BY: **Inspector #: 50**
REVIEWED DATE: **06/29/2016**