

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **9/16/10 11:00 am**

**HS OF WALDEN
 2489 ALBANY POST ROAD
 WALDEN NY 12586**

Inspector #: **67**Inspector #: **18**

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

A. Standards of Care

- | | |
|--|-----|
| 1. Shelter is structurally sound | Yes |
| 2. Housing area and equipment is sanitized regularly | Yes |

All runs appear clean.

- | | |
|--|-----|
| 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 |

Sick dogs need a medical report for medications administered.

- | | |
|---|-----|
| 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 |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
3308	Town of Hamptonburgh
3312	Town of Montgomery
5117	Town of Shawangunk
5119	Town of Wawarsing

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **assistant Manager**

Carrie L. Averill

REVIEWED BY: **Inspector #: 18**
REVIEWED DATE: **09/20/2010**