

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **9/15/10 1:00 pm**

**CHARLENE SEGE
11954 STATE RT 28
FORESTPORT NY 13338**

Inspector #: **5**

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
- 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
Foot Hills Animal Hospital
- 11. Dogs are euthanized humanely, by authorized personnel Yes
- 12. Outdoor shelter complies with Article 26 Not Applicable

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
2118	Town of Webb

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **shelter owner**

Charlene Sege

REVIEWED BY: **Inspector #: 50**
REVIEWED DATE: **09/23/2010**