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: **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: **Charlene Sege**
TITLE: **shelter owner**

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