

MUNICIPAL SHELTER INSPECTION REPORT - DL-90Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **9/24/10 10:30 am****LAKE PLEASANT SHELTER
2679 STATE RT 8
LAKE PLEASANT NY 12108**Inspector #: **50**

 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
<i>Northville Vet</i> | Yes |
| 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 | Not Applicable |
| 6. Bond is current, updates sent to Ag & Mkts | Not Applicable |

 Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
2006	Town of Lake Pleasant

REMARKS:

Provided Art 7 eff 1/1/11

REPRESENTATIVE PRESENT FOR INSPECTION:

Michael peck

REVIEWED BY:

TITLE: **DCO**REVIEWED DATE: **09/27/2010**