

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **4/8/10 12:00 pm**

**VOLNEY SHELTER
 1445 CO RT 6
 FULTON NY 13609**

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 |
| <i>Dr. Dimon for RV</i> | |
| <i>North Country animal Hospital-emergencies</i> | |
| 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 | Not Applicable |
| <i>Town shelter</i> | |
| 6. Bond is current, updates sent to Ag & Mkts | Not Applicable |
| <i>Dogs licensed at town clerk's</i> | |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
3520	Town of Volney

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Pamela Mason**
TITLE: **Dog Control officer**

REVIEWED BY: **Inspector #: 50**
REVIEWED DATE: **04/13/2010**