

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **9/24/10 9:00 am**

**OLIVE DOG SHELTER
 PO BOX 180 45 WATSON HOLLOW RD
 WEST SHOKAN NY 12494**

Inspector #: **67**

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 |

Bleach and water

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

Woodstock Animal Hospital

- | | |
|---|-----|
| 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 |
| 6. Bond is current, updates sent to Ag & Mkts | Not Applicable |

Town - City - Village Information for Inspection:

<u>TCV CODE</u>	<u>TCV NAME</u>
5111	Town of Olive

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Ruth Williams**
TITLE: **DCO/shelter manager**

REVIEWED BY: **Inspector #: 18**
REVIEWED DATE: **10/04/2010**