

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**

Rating: **Unsatisfactory30**

Purpose: **Inspection**

DATE/TOA: **9/26/16 12:35 pm**

**ALMOND MUNICIPAL SHELTER  
3 MARVIN LANE  
ALMOND NY 14804**

Inspector #: **68**

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These are the findings of an inspection of your facility on the date(s) indicated above:

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|---|----------------|
| <b>1. Shelter is structurally sound</b>   | Yes            |
| <b>2. Housing area and equipment is sanitized regularly</b>   | Yes            |
| <b>3. Repairs are done when necessary</b>   | No             |
| <i>A ratchet strap was wrapped around the kennel closest to the water spigot, the buckles and hooks are placed inside the kennel where the dogs could reach them.</i> |                |
| <b>4. Dogs are handled safely</b>   | Yes            |
| <b>5. Adequate space is available for all dogs</b>  | Yes            |
| <b>6. Light is sufficient for observation</b>   | Yes            |
| <b>7. Ventilation is adequate</b>   | Yes            |
| <b>8. Drainage is adequate</b>  | Yes            |
| <b>9. Temperature extremes are avoided</b>  | Yes            |
| <b>10. Clean food and water is available and in ample amount</b>  | Yes            |
| <b>11. Veterinary care is provided when necessary</b>   | Yes            |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>  | Yes            |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b>   | Yes            |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>   | Yes            |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>  | Yes            |
| <b>16. Owners of identified dogs are properly notified</b>  | Yes            |
| <b>17. Redeemed dogs are licensed before release</b>  | Yes            |
| <b>18. Proper impoundment fees paid before dogs are released</b>  | Yes            |
| <b>19. Written contract or lease with municipality</b>  | Not Applicable |

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Town - City - Village Information for Inspection:

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**TCV CODE    TCV NAME**

0204            Town of Almond

REMARKS:

**The DCO has been difficult to contact and was unavailable at the time of inspection.**

REPRESENTATIVE PRESENT FOR INSPECTION:    **N/A**  
TITLE:    **N/A**

REVIEWED BY:    **Inspector #: 14**  
REVIEWED DATE:    **09/27/2016**