

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory30**Purpose: **Inspection**DATE/TOA: **11/28/16 2:00 pm**

**THE SPCA IN CATTARAUGUS COUNTY**  
**2944 ROUTE 16**  
**OLEAN NY 14760**

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>Wall panels to the right of the kennel doors need to be repaired : #36, 37, 40, 42, and 44</i>                        |     |
| <i>Kennel #32 has two "L" Brackets that have rusted sharp edges</i>  |     |
| <i>Kennel containing "Gee" allows the dog to pull up the drain lids and play with them - Should secure the lids down</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>   | Yes |

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Town - City - Village Information for Inspection:

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<b>TCV CODE</b>	<b>TCV NAME</b>
0411	Town of Freedom
0423	Town of Olean
0429	Town of Red House
0433	City of Olean

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:  
TITLE: **Asst DCO**

**Randy Sigler**

REVIEWED BY: **Inspector #: 14**  
REVIEWED DATE: **11/29/2016**