

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

Rating: **Unsatisfactory30**

Purpose: **Inspection**

DATE/TOA: **12/7/16 12:15 pm**

**ANGELICA MUNICIPAL SHELTER  
79 CENTER STREET / PO BOX 338  
ANGELICA NY 14709**

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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- 1. Shelter is structurally sound Yes
- 2. Housing area and equipment is sanitized regularly Yes
- 3. Repairs are done when necessary No  
*The repairs that started at last inspection have not had any progress. The interior ceiling in the first pen is still in partial repair with the second and third pen interior ceilings still sagging.*
- 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. Drainage is adequate Yes
- 9. Temperature extremes are avoided Yes
- 10. Clean food and water is available and in ample amount Yes
- 11. Veterinary care is provided when necessary Yes
- 12. Dogs are euthanized humanely, by authorized personnel Yes
- 13. Complete intake and disposition records are maintained for all seized dogs Yes
- 14. Dogs transferred for purposes of adoption in compliance with Article 7 Yes
- 15. Redemption period is observed before adoption, euthanasia or transfer Yes
- 16. Owners of identified dogs are properly notified Yes
- 17. Redeemed dogs are licensed before release Yes
- 18. Proper impoundment fees paid before dogs are released Yes
- 19. Written contract or lease with municipality Yes

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Town - City - Village Information for Inspection:

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TCV CODE	TCV NAME
0207	Town of Angelica

REMARKS:

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

REVIEWED BY: **Inspector #: 14**  
REVIEWED DATE: **12/08/2016**