

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30**

Purpose: **Inspection**

DATE/TOA: **1/23/17 1:15 pm**

**FINGER LAKES SPCA
 41 YORK ST
 AUBURN NY 13021**

Inspector #: **64**

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

- | | |
|---|-----|
| 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. 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 | No |
| <i>Incomplete information, missing dates or names at the time of redemption</i> | |
| 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 | No |
| <i>Incomplete information, many licenses were not recorded at the time of release</i> | |
| 18. Proper impoundment fees paid before dogs are released | No |
| <i>Incomplete information, some fee's not recorded at the time of redemption.</i> | |
| 19. Written contract or lease with municipality | Yes |

Town - City - Village Information for Inspection:

<u>TCV CODE</u>	<u>TCV NAME</u>
3116	Town of Skaneateles
0521	Town of Throop

REMARKS:

There are many missing parts of the disposition, when the dog is redeemed. Missing License numbers, fee's, and date redeemed. It is acceptable to attach copies of clerk's receipts and/or licenses. Reinspection in 2 months

REPRESENTATIVE PRESENT FOR INSPECTION: **Barb Daguesi**
TITLE: **Shelter manager**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **01/30/2017**