

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

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **10/21/10 10:30 am**

**SHELTER ISLAND SHELTER  
PO BOX 970 TOWN HALL 38 N.FER  
SHELTER ISLAND NY 11964**

Inspector #: **59**

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

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**A. Standards of Care**

- 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. 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
- 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

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Town - City - Village Information for Inspection:

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TCV CODE	TCV NAME
4707	Town of Shelter Island

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **GEORGE BUTTS**  
TITLE: **ACO**

REVIEWED BY: **Inspector #: 18**  
REVIEWED DATE: **10/22/2010**