NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS DIVISION OF ANIMAL INDUSTRY 10B AIRLINE DRIVE, ALBANY, NY 12235

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: Satisfactory365 Purpose: Inspection

DATE/TOA: 3/6/17 9:30 am

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 | 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 |
| | |

Town - City - Village Information for Inspection:

| TCV CODE | TCV NAME |
|----------|---------------------|
| 3116 | Town of Skaneateles |
| 0521 | Town of Throop |

REMARKS:

TITLE: Executive Director

REPRESENTATIVE PRESENT FOR INSPECTION:

Carol Russel

Inspector #: 14

REVIEWED DATE: 03/10/2017

REVIEWED BY: