## 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: 4/12/17 9:30 am

GENESEE MUNICIPAL SHELTER PO BOX 52 /661 CO RD 5 LITTLE GENESEE NY 14754 Inspector #: 68

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                                | Not Applicable |

Town - City - Village Information for Inspection:

| TCV CODE | TCV NAME        |  |
|----------|-----------------|--|
| 0217     | Town of Genesee |  |

**REMARKS:** 

REPRESENTATIVE PRESENT FOR INSPECTION: Gary Wagner REVIEWED BY: Inspector #: 14
TITLE: DCO REVIEWED DATE: 04/19/2017