

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **11/8/10 9:00 am**

**FRIENDSHIP MUNICIPAL SHELTER
 14 EAST WATER STREET
 FRIENDSHIP NY 14739**

Inspector #: **19**

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

A. Standards of Care

- | | |
|--|----------------|
| 1. Shelter is structurally sound | Yes |
| 2. Housing area and equipment is sanitized regularly
<i>Bleach</i> | 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
<i>Gas Furnace</i> | Yes |
| 9. Clean food and water is available and in ample amount | Yes |
| 10. Veterinary care is provided when necessary
<i>James Kernahan DVM</i> | Yes |
| 11. Dogs are euthanized humanely, by authorized personnel
<i>James Kernighan DVM</i> | Yes |
| 12. Outdoor shelter complies with Article 26 | Not Applicable |

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 |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
0216	Town of Friendship

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Lisa Tesmer**
TITLE: **Shelter manager**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **11/15/2010**