

## 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**


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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

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| <b>1. Shelter is structurally sound</b>  | Yes            |
| <b>2. Housing area and equipment is sanitized regularly</b><br><i>Bleach</i>                   | Yes            |
| <b>3. Repairs are done when necessary</b>  | Yes            |
| <b>4. Dogs are handled safely</b>  | Yes            |
| <b>5. Adequate space is available for all dogs</b>   | Yes            |
| <b>6. Light is sufficient for observation</b>  | Yes            |
| <b>7. Ventilation is adequate</b>  | Yes            |
| <b>8. Temperature extremes are avoided</b><br><i>Gas Furnace</i>                               | Yes            |
| <b>9. Clean food and water is available and in ample amount</b>                                | Yes            |
| <b>10. Veterinary care is provided when necessary</b><br><i>James Kernahan DVM</i>             | Yes            |
| <b>11. Dogs are euthanized humanely, by authorized personnel</b><br><i>James Kernighan DVM</i> | Yes            |
| <b>12. Outdoor shelter complies with Article 26</b>  | Not Applicable |

### B. Records

- |  |                |
|--|----------------|
| <b>1. DL-18 Seizure Report is on file for all impounded dogs</b>   | Yes            |
| <b>2. Holding period is observed before adoption or euthanasia</b> | Yes            |
| <b>3. All dogs are licensed before release</b>                     | Yes            |
| <b>4. Impound fee paid before dog is released</b>                  | Yes            |
| <b>5. Written contract or lease with municipality</b>              | Not Applicable |
| <b>6. Bond is current, updates sent to Ag &amp; Mkts</b>           | Not Applicable |

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Town - City - Village Information for Inspection:

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<u>TCV CODE</u>	<u>TCV NAME</u>
0216	Town of Friendship

REMARKS:

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

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