

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **11/18/10 10:00 am****SAUGERTIES TOWN DOG SHELTER  
4 HIGH STREET/RT.212 TRANSFER STA  
SAUGERTIES NY 12477**Inspector #: **67**

---

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

---

**A. Standards of Care**

- |  |     |
|--|-----|
| <b>1. Shelter is structurally sound</b>  | Yes |
| <b>2. Housing area and equipment is sanitized regularly</b><br><i>Bleach and water</i> | Yes |
| <b>3. Repairs are done when necessary</b>  | Yes |
| <b>4. Dogs are handled safely</b>  | Yes |
| <br><i>Adequate collars and leashes available.</i>                                     |     |
| <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>   | Yes |
| <b>9. Clean food and water is available and in ample amount</b>                        | Yes |
| <b>10. Veterinary care is provided when necessary</b>                                  | Yes |
| <br><i>Uses South Peak Animal Hospital and Ulster Animal Hospital.</i>                 |     |
| <b>11. Dogs are euthanized humanely, by authorized personnel</b>                       | Yes |
| <b>12. Outdoor shelter complies with Article 26</b>                                    | Yes |

**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>              | Yes            |
| <b>6. Bond is current, updates sent to Ag &amp; Mkts</b>           | Not Applicable |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
5104	Town of Hardenburgh
5120	Town of Woodstock
5115	Town of Saugerties
5121	City of Kingston

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Nancy Gage**  
TITLE: **DCO/shelter manager**

REVIEWED BY: **Inspector #: 18**  
REVIEWED DATE: **11/22/2010**