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: **12/16/10 11:00 am**

**FREDONIA ANIMAL HOSPITAL**
**10049 Rte. 60**
**FREDONIA NY 14063**

Inspector #: **28**

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** | 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** | Yes |
| **9. Clean food and water is available and in ample amount** | Yes |
| **10. Veterinary care is provided when necessary** | Yes |
| **11. Dogs are euthanized humanely, by authorized personnel** | 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** | Yes |
| **6. Bond is current, updates sent to Ag & Mkts** | Not Applicable |

Town - City - Village Information for Inspection:

| TCV CODE | TCV NAME |
|---|---|
| 0601 | Town of Arkwright |
| 0620 | Town of Pomfret |

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Dr. Redfield**
TITLE: **Owner**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **12/17/2010**