

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **11/1/17 9:30 am**

**WAYNE COUNTY HUMANE SOCIETY
1475 COUNTY HOUSE ROAD
LYONS NY 14485**

Inspector #: **56**

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 | Yes |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
5403	Town of Galen
5401	Town of Arcadia
5402	Town of Butler
5404	Town of Huron
5405	Town of Lyons
5406	Town of Macedon
5407	Town of Marion
5408	Town of Ontario
5409	Town of Palmyra
5411	Town of Savannah
5412	Town of Sodus
5413	Town of Walworth
5414	Town of Williamson
5415	Town of Wolcott

REMARKS:

NOTE: The Town of Rose did not renew their contract for primary sheltering.

A physical inspection of the shelter was also conducted on 10/27/17.

REPRESENTATIVE PRESENT FOR INSPECTION: **Mark Plyter**
TITLE: **Executive Director**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **11/15/2017**