

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **12/21/10 1:00 pm**

**CHEEKTOWAGA DOG SHELTER
 3223 UNION ROAD
 CHEEKTOWAGA NY 14227**

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 | Not Applicable |
| 6. Bond is current, updates sent to Ag & Mkts | Not Applicable |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
1406	Town of Cheektowaga

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Scott Thrun**
 TITLE: **DCO**

REVIEWED BY: **Inspector #: 14**
 REVIEWED DATE: **12/22/2010**