

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **12/26/17 12:00 pm**

**BROOME COUNTY DOG SHELTER
110 CUTLER POND ROAD
BINGHAMTON NY 13905**

Inspector #: **54**

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

- | | |
|---|----------------|
| 1. Shelter is structurally sound | Not Applicable |
| 2. Housing area and equipment is sanitized regularly | Not Applicable |
| 3. Repairs are done when necessary | Not Applicable |
| 4. Dogs are handled safely | Not Applicable |
| 5. Adequate space is available for all dogs | Not Applicable |
| 6. Light is sufficient for observation | Not Applicable |
| 7. Ventilation is adequate | Not Applicable |
| 8. Drainage is adequate | Not Applicable |
| 9. Temperature extremes are avoided | Not Applicable |
| 10. Clean food and water is available and in ample amount | Not Applicable |
| 11. Veterinary care is provided when necessary | Not Applicable |
| 12. Dogs are euthanized humanely, by authorized personnel | Not Applicable |
| 13. Complete intake and disposition records are maintained for all seized dogs | Not Applicable |
| 14. Dogs transferred for purposes of adoption in compliance with Article 7 | Not Applicable |
| 15. Redemption period is observed before adoption, euthanasia or transfer | Not Applicable |
| 16. Owners of identified dogs are properly notified | Not Applicable |
| 17. Redeemed dogs are licensed before release | Not Applicable |
| 18. Proper impoundment fees paid before dogs are released | Not Applicable |
| 19. Written contract or lease with municipality | Yes |

 Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
0306	Town of Dickinson
0307	Town of Fenton
0301	Town of Barker
0303	Town of Chenango
0305	Town of Conklin
0308	Town of Kirkwood
0311	Town of Nanticoke
0314	Town of Union
0316	Town of Windsor
0317	City of Binghamton

REMARKS:

Former name 'Front Street Dog Shelter'

Received copy of the Town of Nanticoke's signed contract for shelter services by email. No additional facility inspection conducted.

REPRESENTATIVE PRESENT FOR INSPECTION: **N/A**
 TITLE: **N/A**

REVIEWED BY: **Inspector #: 50**
 REVIEWED DATE: **01/02/2018**