

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory**<sup>91</sup>Purpose: **Inspection**DATE/TOA: **1/7/11 11:00 am**

**WARD MUNICIPAL SHELTER**  
**4414 CO RT 10**  
**SCIO NY 14880**

Inspector #: **19**


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

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### A. Standards of Care

- |                                                                  |     |
|------------------------------------------------------------------|-----|
| <b>1. Shelter is structurally sound</b>                          | Yes |
| <b>2. Housing area and equipment is sanitized regularly</b>      | Yes |
| <b>3. Repairs are done when necessary</b>                        | Yes |
| <b>4. Dogs are handled safely</b>                                | Yes |
| <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. Drainage is adequate</b>                                   | Yes |
| <b>9. Temperature extremes are avoided</b>                       | Yes |
| <i>Electric Heat</i>                                             |     |
| <b>10. Clean food and water is available and in ample amount</b> | Yes |
| <b>11. Veterinary care is provided when necessary</b>            | Yes |
| <i>Bruce Kaplan DVM</i>                                          |     |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b> | Yes |
| <i>Bruce Kaplan DVM</i>                                          |     |
| <b>13. Outdoor shelter complies with Article 26</b>              | Yes |

### B. Records

- |                                                                                                                                |                |
|--------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>1. Complete intake and disposition records are maintained for all seized dogs</b>                                           | No             |
| <i>No records evident in shelter. Dog seizure and disposition records must be kept on file in shelter for all dogs seized.</i> |                |
| <b>2. Dogs transferred for purposes of adoption go to approved facilities only</b>                                             | No             |
| <i>No dog seizure/disposition records evident in shelter; unable to determine dog disposition</i>                              |                |
| <b>3. Holding period is observed before adoption or euthanasia</b>                                                             | No             |
| <i>No dog seizure/disposition records evident in shelter; unable to determine holding period.</i>                              |                |
| <b>4. Redeemed dogs are licensed before release</b>                                                                            | No             |
| <i>No dog seizure/disposition records evident in shelter; unable to determine if license was obtained prior to release</i>     |                |
| <b>5. Impound fees paid before dogs are released</b>                                                                           | Yes            |
| <i>No dog seizure/disposition records evident in shelter/unable to determine if correct redemption fees were charged.</i>      |                |
| <b>6. Impound fees in addition to state mandated fees are set by local law or ordinance</b>                                    | Not Applicable |
| <i>No dog seizure/disposition records were evident; unable to determine if additional local fees were charged.</i>             |                |
| <b>7. Written contract or lease with municipality</b>                                                                          | Not Applicable |

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Town - City - Village Information for Inspection:

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<u>TCV CODE</u>	<u>TCV NAME</u>
0225	Town of Ward

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Chris George**  
TITLE: **Highway Dept employee**

REVIEWED BY: **Inspector #: 14**  
REVIEWED DATE: **01/11/2011**