

MUNICIPAL SHELTER INSPECTION REPORT - DL-90Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **1/14/11 10:15 am****FINGER LAKES SPCA
41 YORK ST
AUBURN NY 13021**Inspector #: **20**

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. 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. Outdoor shelter complies with Article 26 | Yes |

B. Records

- | | |
|--|-----|
| 1. Complete intake and disposition records are maintained for all seized dogs | Yes |
| 2. Dogs transferred for purposes of adoption go to approved facilities only | Yes |
| 3. Holding period is observed before adoption or euthanasia | Yes |
| 4. Redeemed dogs are licensed before release | Yes |
| 5. Impound fees paid before dogs are released | Yes |
| 6. Impound fees in addition to state mandated fees are set by local law or ordinance | Yes |
| 7. Written contract or lease with municipality | Yes |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
3105	Town of Elbridge
3116	Town of Skaneateles
0521	Town of Throop

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Barb Dagnesi**
TITLE: **manager**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **01/18/2011**