

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **2/9/11 10:00 am****CAMILLUS DOG SHELTER  
MILTON AVE HIGHWAY DEPT  
CAMILLUS NY 13031**Inspector #: **5**


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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**

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|---|-----|
| 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                                       | Not Applicable |

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Town - City - Village Information for Inspection:

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| <b>TCV CODE</b> | <b>TCV NAME</b>   |
|-----------------|-------------------|
| 3101            | Town of Camillus  |
| 3119            | Town of Van Buren |

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Melissa Mariano**  
TITLE: **DCO**

REVIEWED BY: **Inspector #: 14**  
REVIEWED DATE: **02/10/2011**