

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**

Rating: **Satisfactory182**

Purpose: **Inspection**

DATE/TOA: **2/8/11 12:30 pm**

**CARLA HARTMAN  
11828 YOUNGS RD.  
CONEWANGO VALLEY NY 14726**

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**

- 1. Shelter is structurally sound** Yes  
*housed in basement; well lit with good kennels; suggest overlying top wire to prevent dogs from climbing out*
- 2. Housing area and equipment is sanitized regularly** Yes  
*Bleach*
- 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  
*Boiler furnace*
- 10. Clean food and water is available and in ample amount** Yes  
*1 time daily*
- 11. Veterinary care is provided when necessary** Yes  
*John Inkley DVM*
- 12. Dogs are euthanized humanely, by authorized personnel** Yes  
*John Inkley DVM*
- 13. Outdoor shelter complies with Article 26** Not Applicable

**B. Records**

- 1. **Complete intake and disposition records are maintained for all seized dogs** Not Applicable  
*No seized dogs to date*
- 2. **Dogs transferred for purposes of adoption go to approved facilities only** Not Applicable  
*Cattaraugus Co SPCA*
- 3. **Holding period is observed before adoption or euthanasia** Not Applicable  
*No seized dogs to date*
- 4. **Redeemed dogs are licensed before release** Not Applicable  
*Discussed local law; no seized dogs to date*
- 5. **Impound fees paid before dogs are released** Not Applicable  
*Discussed local law; no seized dogs to date*
- 6. **Impound fees in addition to state mandated fees are set by local law or ordinance** Not Applicable  
*Reviewed local law; no dogs seized to date*
- 7. **Written contract or lease with municipality** Yes  
*Expire 12-31-11*

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
0416	Town of Leon

REMARKS:

**Shelter orientation given**

REPRESENTATIVE PRESENT FOR INSPECTION: **Carla Hartman**  
TITLE: **owner**

REVIEWED BY: **Inspector #: 14**  
REVIEWED DATE: **02/11/2011**