

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **2/16/11 1:30 pm**

**BLOOMING GROVE HS**  
**2741 RT 94**  
**WASHINGTONVILLE NY 10992**

Inspector #: **18**


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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 |
| 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 |
| <i>All euthanasia forms need to be signed; a crematory receipt is not adequate.</i> |     |
| 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          | Not Applicable |
| 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            |

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Town - City - Village Information for Inspection:

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<b>TCV CODE</b>	<b>TCV NAME</b>
3301	Town of Blooming Grove

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Melissa Valdez**  
TITLE: **Shelter Manager/DCO**

REVIEWED BY:  
REVIEWED DATE: **02/23/2011**