

MUNICIPAL SHELTER INSPECTION REPORT - DL-90Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **10/15/18 11:30 am****HS OF WALDEN
2489 ALBANY POST ROAD
WALDEN NY 12586**Inspector #: **67**

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

- | | |
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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. Complete intake and disposition records are maintained for all seized dogs | Yes |
| 14. Dogs transferred for purposes of adoption in compliance with Article 7 | Yes |
| 15. Redemption period is observed before adoption, euthanasia or transfer | Yes |
| 16. Owners of identified dogs are properly notified | Yes |
| 17. Redeemed dogs are licensed before release | Yes |
| 18. Proper impoundment fees paid before dogs are released | Yes |
| 19. Written contract or lease with municipality | Yes |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
3304	Town of Crawford
4811	Town of Mamakating
3312	Town of Montgomery
3303	Town of Cornwall
5117	Town of Shawangunk
5119	Town of Wawarsing

REMARKS:

Paperwork issues corrected.

REPRESENTATIVE PRESENT FOR INSPECTION:

Lisa Rodriguez

REVIEWED BY:

Inspector #: 18TITLE: **shelter employee**

REVIEWED DATE:

10/15/2018