

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30**Purpose: **Inspection**DATE/TOA: **4/23/19 11:40 am**

THE SPCA IN CATTARAUGUS COUNTY
2944 ROUTE 16
OLEAN NY 14760

Inspector #: **68**

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

- | | |
|---|-----|
| 1. Shelter is structurally sound | Yes |
| 2. Housing area and equipment is sanitized regularly | No |
| <i>Kennels 7, 9, 10, 51, 52, 53 need to be washed down to remove the grime on the walls</i> | |
| 3. Repairs are done when necessary | No |
| <i>Hole in chain link fence between Kennels 21 & 22</i> | |
| <i>Cooper's Kennel needs the chain link covered from the sharp edges</i> | |
| <i>Left inside panels of the doors to the outside on kennels 41 & 46 need repair from insulation exposure</i> | |
| <i>Oreo's kennel has a left corner angle on the door needing replacing</i> | |
| <i>Kennel 58 needs the chain link on the bottom needs to remove the sharp edges exposed</i> | |
| <i>All kennels need repainted as the paint is chipping/flaking</i> | |
| <i>Chain link on the kennels need painted to cover the rust exposure</i> | |
| 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:

<u>TCV CODE</u>	<u>TCV NAME</u>
0411	Town of Freedom
0403	Town of Carrollton
0215	Town of Cuba
0429	Town of Red House
0433	City of Olean

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **Shelter Manager**

Joe Reese

REVIEWED BY: **Inspector #: 64**
REVIEWED DATE: **06/07/2019**