NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS
DIVISION OF ANIMAL INDUSTRY
10B AIRLINE DRIVE, ALBANY, NY 12235



# MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30** Purpose: **Inspection**

DATE/TOA: **6/6/19 10:00 am**

**TOWN OF OLEAN SHELTER**
**C/O TOWN OF OLEAN**
**2634 STATE RTE 16N**
**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** | 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** | No |
| *5 Seizure/Disposition forms were incomplete on Disposition of the dogs* | |
| **14. Dogs transferred for purposes of adoption in compliance with Article 7** | No |
| *5 Seizure/Disposition forms were incomplete on Disposition of the dogs* | |
| **15. Redemption period is observed before adoption, euthanasia or transfer** | No |
| *5 Seizure/Disposition forms were incomplete on Disposition of the dogs* | |
| **16. Owners of identified dogs are properly notified** | No |
| *5 Seizure/Disposition forms were incomplete on Disposition of the dogs* | |
| **17. Redeemed dogs are licensed before release** | No |
| *5 Seizure/Disposition forms were incomplete on Disposition of the dogs* | |
| **18. Proper impoundment fees paid before dogs are released** | No |
| *5 Seizure/Disposition forms were incomplete on Disposition of the dogs* | |
| **19. Written contract or lease with municipality** | Yes |

Town - City - Village Information for Inspection:

| TCV CODE | TCV NAME |
|---|---|
| 0401 | Town of Allegany |
| 0413 | Town of Hinsdale |
| 0423 | Town of Olean |

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Bob Nupp**
TITLE: **Asst. DCO**

REVIEWED BY: **Inspector #: 64**
REVIEWED DATE: **07/05/2019**