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: **Satisfactory365** Purpose: **Inspection**

DATE/TOA: **12/6/19 2:15 pm**

**AYRES MEMORIAL ANIMAL SHELTER**
**133 HILL TOP ROAD**
**SPRAKERS NY 12166**

Inspector #: **54**

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** | 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** | Not Applicable |
| **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 |
|---|---|
| 2703 | Town of Charleston |
| 2706 | Town of Minden |
| 2707 | Town of Mohawk |
| 2708 | Town of Palatine |
| 2709 | Town of Root |
| 2702 | Town of Canajoharie |
| 2714 | Village of Fort Plain |
| 2713 | Village of Canajoharie |
| 2705 | Town of Glen |
| 2715 | Village of Fultonville |

REMARKS:

**N/A=handled by DCO**

REPRESENTATIVE PRESENT FOR INSPECTION: **Claire Custer**
TITLE: **Manager**

REVIEWED BY: **Inspector #: 50**
REVIEWED DATE: **12/09/2019**