

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Pending**

Purpose: **Inspection**

DATE/TOA: **1/30/20 10:18 am**

**LISLE DOG SHELTER
9256 NYS RT 79
LISLE NY 13797**

Inspector #: **070**

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

- | | |
|---|----------------|
| 1. Shelter is structurally sound | Not Applicable |
| 2. Housing area and equipment is sanitized regularly | Not Applicable |
| 3. Repairs are done when necessary | Not Applicable |
| 4. Dogs are handled safely | Not Applicable |
| 5. Adequate space is available for all dogs | Not Applicable |
| 6. Light is sufficient for observation | Not Applicable |
| 7. Ventilation is adequate | Not Applicable |
| 8. Drainage is adequate | Not Applicable |
| 9. Temperature extremes are avoided | Not Applicable |
| 10. Clean food and water is available and in ample amount | Not Applicable |
| 11. Veterinary care is provided when necessary | Not Applicable |
| 12. Dogs are euthanized humanely, by authorized personnel | Not Applicable |
| 13. Complete intake and disposition records are maintained for all seized dogs | Not Applicable |
| 14. Dogs transferred for purposes of adoption in compliance with Article 7 | Not Applicable |
| 15. Redemption period is observed before adoption, euthanasia or transfer | Not Applicable |
| 16. Owners of identified dogs are properly notified | Not Applicable |
| 17. Redeemed dogs are licensed before release | Not Applicable |
| 18. Proper impoundment fees paid before dogs are released | Not Applicable |
| 19. Written contract or lease with municipality | Not Applicable |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
0309	Town of Lisle

REMARKS:

Attempted inspection. No answer by phone by DCO. Inspector sent text message to call ASAP. Inspector waited at shelter. DCO called at 10:26am and stated she was not available to come and complete inspection. DCO gave inspector days of availability over the next week. Inspector will try inspection again one day next week.

REPRESENTATIVE PRESENT FOR INSPECTION: **N/A**
TITLE: **N/A**

REVIEWED BY: **Inspector #: 64**
REVIEWED DATE: **02/02/2020**