

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **6/24/20 9:00 am**

**AUGUSTA DOG SHELTER  
 HIGHWAY DEPARTMENT  
 2319 NORTH ROAD  
 ORISKANY FALLS NY 13425**

Inspector #: **71**


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

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<b>1. Shelter is structurally sound</b>	Yes
<b>2. Housing area and equipment is sanitized regularly</b>	Yes
<b>3. Repairs are done when necessary</b>	Yes
<b>4. Dogs are handled safely</b>	Yes
<b>5. Adequate space is available for all dogs</b>	Yes
<b>6. Light is sufficient for observation</b>	Yes
<b>7. Ventilation is adequate</b>	Yes
<b>8. Drainage is adequate</b>	Yes
<b>9. Temperature extremes are avoided</b>	Yes
<b>10. Clean food and water is available and in ample amount</b>	Yes
<b>11. Veterinary care is provided when necessary</b>	Yes
<b>12. Dogs are euthanized humanely, by authorized personnel</b>	Yes
<b>13. Complete intake and disposition records are maintained for all seized dogs</b>	Yes
<b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>	Yes
<b>15. Redemption period is observed before adoption, euthanasia or transfer</b>	Yes
<b>16. Owners of identified dogs are properly notified</b>	Yes
<b>17. Redeemed dogs are licensed before release</b>	Yes
<b>18. Proper impoundment fees paid before dogs are released</b>	Yes
<b>19. Written contract or lease with municipality</b>	Yes

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Town - City - Village Information for Inspection:

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<b>TCV CODE</b>	<b>TCV NAME</b>
3002	Town of Augusta

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Phil Eaton, Sue Collins**  
 TITLE: **DCO, Deputy DCO/Town Supe**

REVIEWED BY: **Inspector #: 64**  
 REVIEWED DATE: **06/29/2020**