

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory182**Purpose: **Inspection**DATE/TOA: **5/16/11 6:45 pm**

**ASHFORD DOG SHELTER
 PO BOX 306/5638 FOX VALLEY RD
 WEST VALLEY NY 14171**

Inspector #: **19**

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

A. Standards of Care

- | | |
|--|----------------|
| 1. Shelter is structurally sound | Yes |
| 2. Housing area and equipment is sanitized regularly
<i>Bleach</i> | 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
<i>No heat source available to date; will have to have a heat source in place by next inspection</i> | No |
| 10. Clean food and water is available and in ample amount | Yes |
| 11. Veterinary care is provided when necessary
<i>Machias Veterinary Clinic</i> | Yes |
| 12. Dogs are euthanized humanely, by authorized personnel
<i>Machias Veterinary Clinic</i> | Yes |
| 13. Outdoor shelter complies with Article 26 | Not Applicable |

B. Records

- | | |
|---|----------------|
| 1. Complete intake and disposition records are maintained for all seized dogs
<i>Dog seizure records need to be maintained at the shelter</i> | No |
| 2. Dogs transferred for purposes of adoption go to approved facilities only
<i>Pug and Small Breed Rescue of Buffalo</i> | Yes |
| 3. Holding period is observed before adoption or euthanasia
<i>No seizures since last inspection</i> | Yes |
| 4. Redeemed dogs are licensed before release
<i>No seizures</i> | Not Applicable |
| 5. Impound fees paid before dogs are released
<i>No seizures</i> | Not Applicable |
| 6. Impound fees in addition to state mandated fees are set by local law or ordinance
<i>Law was not available for review</i> | Yes |
| 7. Written contract or lease with municipality | Not Applicable |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
0402	Town of Ashford

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **manager**

Allison Kendall-McCool

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **05/19/2011**