

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30**

Purpose: **Inspection**

DATE/TOA: **8/31/20 10:30 am**

THE SPCA IN CATTARAUGUS COUNTY
2944 ROUTE 16
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 | No |
| <i>Kennel #56 - Rusted angle iron on the support of the kennel</i> | |
| <i>Outdoor runs - Creek side - Kennels #3, 5, 6, 7, & 9 from the back need concrete patched</i> | |
| <i>Outdoor runs - Pond side - Kennels #5, 6 from the back and #4 from the front need the concrete patched</i> | |
| <i>Outdoor run on creek side - a gutter drain pipe has been chewed leaving sharp edges and allows the water to drain through the kennel</i> | |
| 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 | Yes |
| 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
0411	Town of Freedom
0403	Town of Carrollton
0215	Town of Cuba
0429	Town of Red House
0433	City of Olean

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **Shelter Manager**

Danielle Jackson

REVIEWED BY: **Inspector #: 64**
REVIEWED DATE: **09/01/2020**