

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **9/22/20 1:45 pm**

**EAGLES NEST VETERINARY HOSPITAL  
 DR. ERIK EAGLEFEATHER  
 34 SKYWAY PLAZA #2  
 PLATTSBURGH NY 12901**

Inspector #: **65**


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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>                            | Not Applicable |
| <i>DCOs are responsible for owner notification</i>                                    |                |
| <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>
0902	Town of Ausable
0912	Town of Plattsburgh
0914	Town of Schuyler Falls
0915	City of Plattsburgh

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:  
TITLE: **Owner**

**Dr. Rebecca King**

REVIEWED BY: **Inspector #: 50**  
REVIEWED DATE: **09/24/2020**