

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory182**Purpose: **Inspection**DATE/TOA: **1/22/21 1:00 pm**

**KATHY HALL  
 238 STATE RT 29  
 GREENWICH NY 12834**

Inspector #: **58**


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

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| 1. Shelter is structurally sound   | Yes |
| 2. Housing area and equipment is sanitized regularly                           | 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  | 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 |

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Town - City - Village Information for Inspection:

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| TCV CODE | TCV NAME       |
|----------|----------------|
| 5304     | Town of Easton |

## REMARKS:

**New Shelter - reviewed all necessary shelter requirements**

REPRESENTATIVE PRESENT FOR INSPECTION: **Kathy Hall**  
 TITLE: **DCO/Shelter Manager**

REVIEWED BY: **Inspector #: 50**  
 REVIEWED DATE: **01/25/2021**