NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS
DIVISION OF ANIMAL INDUSTRY
10B AIRLINE DRIVE, ALBANY, NY 12235

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365** Purpose: **Inspection**

DATE/TOA: **6/22/21 2:00 pm**

MOHAWK HUDSON HUMANE SOCIETY
3 OAKLAND AVENUE
MENANDS NY 12204

Inspector #: **58**

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	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

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
3803	Town of East Greenbush
0102	Town of Bethlehem
3802	Town of Brunswick
0107	Town of Knox
0108	Town of New Scotland
3807	Town of North Greenbush
3810	Town of Poestenkill
3811	Town of Sand Lake
3813	Town of Schodack
3814	Town of Stephentown
0110	Town of Westerlo
0111	City of Albany
0112	City of Cohoes
3815	City of Rensselaer
4206	City of Schenectady
3816	City of Troy
0113	City of Watervliet
0105	Town of Green Island

REMARKS:

Recommendations mentioned in previous report dated 5/17/2021 have been implemented. Improvements have been made to the after hours housing area utilized by the DCOs and to the animal food storage area.

REPRESENTATIVE PRESENT FOR INSPECTION: **Caitlin Davis**
TITLE: **Employee**

REVIEWED BY: **Inspector #: 833**
REVIEWED DATE: **06/22/2021**