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: **Unsatisfactory30** Purpose: **Inspection**

DATE/TOA: **9/21/21 2:00 pm**

ORLEANS COUNTY ANIMAL SHELTER
4125 RT 98
ALBION NY 14411

Inspector #: **72**
Inspector #: **64**

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	No

Unable to provide written contracts for the Town of Albion, Town of Barre, Town of Carlton, Town of Clarendon, Town of Gaines, Town of Kendall, Town of Murray, Town of Ridgeway, Town of Shelby, Town of Yates, Village of Albion & Village of Holley

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
3405	Town of Gaines
3401	Town of Albion
3403	Town of Carlton
3404	Town of Clarendon
3406	Town of Kendall
3410	Town of Yates
3412	Village of Albion
3409	Town of Shelby
3402	Town of Barre
3407	Town of Murray
3408	Town of Ridgeway
3413	Village of Holley

REMARKS:

Article 7, subsection 114 requires a licensing municipality to establish a shelter or contract for shelter services. This contract must be in writing and available for review.

REPRESENTATIVE PRESENT FOR INSPECTION: **Michael Salvatore**
TITLE: **DCO**

REVIEWED BY: **Inspector #: 64**
REVIEWED DATE: **10/01/2021**