

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **8/17/11 11:00 am**

**YONKERS ANIMAL SHELTER
 120 FULLERTON AVE
 YONKERS NY 10704**

Inspector #: **61**

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

A. Standards of Care

- | | |
|---|-----|
| 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. Outdoor shelter complies with Article 26 | Yes |

B. Records

- | | |
|--|-----|
| 1. Complete intake and disposition records are maintained for all seized dogs | Yes |
| 2. Dogs transferred for purposes of adoption go to approved facilities only | Yes |
| 3. Holding period is observed before adoption or euthanasia | Yes |
| 4. Redeemed dogs are licensed before release | Yes |
| 5. Impound fees paid before dogs are released | Yes |
| 6. Impound fees in addition to state mandated fees are set by local law or ordinance | Yes |
| 7. Written contract or lease with municipality | Yes |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
5522	City of Yonkers

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Alimra Simpson**
TITLE: **ACO/MGMT**

REVIEWED BY: **Inspector #: 18**
REVIEWED DATE: **09/08/2011**