

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **6/9/22 1:00 pm**

**HERKIMER COUNTY HUMANE SOCIETY
 514 STATE RT 5S
 MOHAWK NY 13407**

Inspector #: **54**

Inspector #: **71**

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 | Not Applicable |
| 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
2103	Town of Fairfield
2104	Town of Frankfort
2102	Town of Danube
2106	Town of Herkimer
2107	Town of Litchfield
2109	Town of Manheim
2110	Town of Newport
2111	Town of Norway
2112	Town of Ohio
3619	Town of Richfield
2113	Town of Russia
2101	Town of Columbia
2114	Town of Salisbury
3018	Town of Sangerfield
2116	Town of Stark
2117	Town of Warren
2119	Town of Winfield
2120	City of Little Falls
2105	Town of German Flatts
2108	Town of Little Falls
3626	Village of Richfield Springs

REMARKS:

N/A=handled by DCO

REPRESENTATIVE PRESENT FOR INSPECTION:
TITLE: **Manager**

Melissa DeMartino

REVIEWED BY: **Inspector #: 58**
REVIEWED DATE: **06/10/2022**