

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30**

Purpose: **Inspection**

DATE/TOA: **10/19/22 2:55 pm**

**FINGER LAKES SPCA
 41 YORK ST
 AUBURN NY 13021**

Inspector #: **070**

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 | No |
| <i>Three run doors have holes and damage to the wire. All runs have significant paint peeling and concrete pitting & cracks, which makes proper disinfection difficult to achieve.</i> | |
| 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 | No |
| <i>Multiple records missing or incomplete redemption information.</i> | |
| 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 | No |
| <i>One seizure and disposition record missing proof of impoundment fee paid before release.</i> | |
| 19. Written contract or lease with municipality | No |
| <i>Valid contract with town of Throop not available at time of inspection.</i> | |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
3116	Town of Skaneateles
0521	Town of Throop

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Carol Russel**
TITLE: **Executive Director**

REVIEWED BY: **Inspector #: 64**
REVIEWED DATE: **10/26/2022**