

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory182**

Purpose: **Inspection**

DATE/TOA: **11/1/22 1:15 pm**

**Town of Greece Animal Shelter
Stone Ridge Animal Hospital
550 Center Place Drive
Rochester NY 14615**

Inspector #: **72**

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

Municipality run; written contract current with Stone Ridge Animal Hospital where dogs are physically held. All care for dogs provided by Town of Greece Animal Control.

Town - City - Village Information for Inspection:

TCV CODE TCV NAME

2605 Town of Greece

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Brian Handorf**
TITLE: **Animal Control Officer**

REVIEWED BY: **Inspector #: 64**
REVIEWED DATE: **11/09/2022**