

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **1/17/23 4:00 pm**

**AUGUSTA DOG SHELTER  
HIGHWAY DEPARTMENT  
2319 NORTH ROAD  
ORISKANY FALLS NY 13425**

Inspector #: **71**

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

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- 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

*Town owned shelter. Updated contracts with Wanderers Rest and Rome Humane Society on file.*

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Town - City - Village Information for Inspection:

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**TCV CODE    TCV NAME**

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3002            Town of Augusta

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION:    **Anne Brown**  
TITLE:    **DCO**

REVIEWED BY:    **Inspector #: 64**  
REVIEWED DATE:    **01/23/2023**