

## MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **2/2/23 12:20 pm**

**BROOME COUNTY HUMANE SOCIETY  
 167 CONKLIN AVENUE  
 BINGHAMPTON NY 13903**

Inspector #: **075**


---

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

---

- |   |     |
|---|-----|
| <b>1. Shelter is structurally sound</b>   | Yes |
| <b>2. Housing area and equipment is sanitized regularly</b>   | Yes |
| <b>3. Repairs are done when necessary</b>   | Yes |
| <b>4. Dogs are handled safely</b>   | Yes |
| <b>5. Adequate space is available for all dogs</b>  | Yes |
| <b>6. Light is sufficient for observation</b>   | Yes |
| <b>7. Ventilation is adequate</b>   | Yes |
| <b>8. Drainage is adequate</b>  | Yes |
| <b>9. Temperature extremes are avoided</b>  | Yes |
| <b>10. Clean food and water is available and in ample amount</b>  | Yes |
| <b>11. Veterinary care is provided when necessary</b>   | Yes |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>  | Yes |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b>   | Yes |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>   | Yes |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>  | Yes |
| <b>16. Owners of identified dogs are properly notified</b>  | Yes |
| <b>17. Redeemed dogs are licensed before release</b>  | Yes |
| <b>18. Proper impoundment fees paid before dogs are released</b>  | Yes |
| <i>Discussed posting fee schedule for each municipality at front desk to avoid confusion and confirm appropriate amount being charged for each redemption</i> |     |
| <b>19. Written contract or lease with municipality</b>  | Yes |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
1206	Town of Deposit
0302	Town of Binghamton
0310	Town of Maine
0304	Town of Colesville
0312	Town of Sanford
0313	Town of Triangle
0315	Town of Vestal

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Karen Matson**  
TITLE: **Executive Director**

REVIEWED BY: **Inspector #: 64**  
REVIEWED DATE: **02/09/2023**