

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Unsatisfactory30**

Purpose: **Inspection**

DATE/TOA: **2/8/23 12:30 pm**

**SPCA OF NIAGARA COUNTY
 2100 LOCKPORT RD
 NIAGARA FALLS NY 14304**

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 | No |
| <i>No fee collected for at least two dogs.</i> | |
| 19. Written contract or lease with municipality | No |

Signed contracts are not on file from the City of Tonawanda, Town of Lockport, Town of Niagara, Town of Pendleton, Town of Lewiston, Town of Wheatfield, Town of Porter, City of Lockport and City of North Tonawanda.

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
2903	Town of Lewiston
2904	Town of Lockport
2913	City of Lockport
2905	Town of Newfane
2906	Town of Niagara
2908	Town of Porter
2901	Town of Cambria
2911	Town of Wheatfield
2915	City of North Tonawanda
2914	City of Niagara Falls
1428	City of Tonawanda
2907	Town of Pendleton

REMARKS:

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

Amy Lewis

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