

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory30**Purpose: **Inspection**DATE/TOA: **11/10/11 9:45 pm**

**FRIENDSHIP MUNICIPAL SHELTER
 14 EAST WATER STREET
 FRIENDSHIP NY 14739**

Inspector #: **19**

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

A. Standards of Care

- | | |
|--|----------------|
| 1. Shelter is structurally sound | Yes |
| 2. Housing area and equipment is sanitized regularly
<i>Bleach</i> | 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
<i>Gas Furnace</i> | Yes |
| 10. Clean food and water is available and in ample amount
<i>2 times daily</i> | Yes |
| 11. Veterinary care is provided when necessary
<i>Veterinary Care of Cuba</i> | Yes |
| 12. Dogs are euthanized humanely, by authorized personnel
<i>Veterinary Care of Cuba</i> | Yes |
| 13. Outdoor shelter complies with Article 26 | Not Applicable |

B. Records

- | | |
|---|----------------|
| 1. Complete intake and disposition records are maintained for all seized dogs | Yes |
| 2. Dogs transferred for purposes of adoption go to approved facilities only
<i>Cattaraugus Co SPCA/Joyful Rescue</i> | Yes |
| 3. Holding period is observed before adoption or euthanasia | Yes |
| 4. Redeemed dogs are licensed before release
<i>06-01-11/10-4 & 5-11/3-2-11 were released without licenses. All dogs, regardless of residence or age, must be licensed prior to release from shelter.</i> | No |
| 5. Impound fees paid before dogs are released | Yes |
| 6. Impound fees in addition to state mandated fees are set by local law or ordinance
<i>Seizure- \$10/\$10 per day</i> | Yes |
| 7. Written contract or lease with municipality | Not Applicable |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
0216	Town of Friendship

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Lisa Tesmer**
TITLE: **DCO/manager**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **11/15/2011**