

MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory**⁹¹Purpose: **Inspection**DATE/TOA: **11/15/11 11:15 am**

EDEN VETERINARY CLINIC, PLLC
8217 N MAIN STREET
EDEN NY 14057

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>Roccal-D/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 | Yes |
| 12. Dogs are euthanized humanely, by authorized personnel | Yes |
| 13. Outdoor shelter complies with Article 26 | Not Applicable |

B. Records

- | | |
|--|----------------|
| 1. Complete intake and disposition records are maintained for all seized dogs
<i>Date of release for adoption or if taken by DCO, date and DCO's name need to be recorded.</i> | Yes |
| 2. Dogs transferred for purposes of adoption go to approved facilities only
<i>Handles own adoptions</i> | Not Applicable |
| 3. Holding period is observed before adoption or euthanasia | Yes |
| 4. Redeemed dogs are licensed before release | Yes |
| 5. Impound fees paid before dogs are released
<i>Paid through town clerk</i> | Yes |
| 6. Impound fees in addition to state mandated fees are set by local law or ordinance
<i>Handled by town clerk</i> | Not Applicable |
| 7. Written contract or lease with municipality
<i>No written lease. A written lease is required for municipal dog sheltering.</i> | No |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
1411	Town of Eden

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Kelly Czech DVM**
TITLE: **DVM**

REVIEWED BY: **Inspector #: 14**
REVIEWED DATE: **11/25/2011**