

MUNICIPAL SHELTER INSPECTION REPORT - DL-90Rating: **Satisfactory365**Purpose: **Inspection**DATE/TOA: **6/26/23 2:00 pm****CHAUTAUQUA COUNTY HUMANE SOCIETY
2825 Strunk Road
JAMESTOWN NY 14701**Inspector #: **074**

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 | Yes |
| 19. Written contract or lease with municipality | Yes |

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
0609	Town of Ellery
0610	Town of Ellicott
0613	Town of Gerry
0602	Town of Busti
0618	Town of North Harmony
0625	Town of Stockton
0633	Village of Celoron
0634	Village of Falconer

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Patty Linn**
TITLE: **Adoption/Admissions Lead**

REVIEWED BY: **Inspector #: 64**
REVIEWED DATE: **07/05/2023**