

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **9/26/23 12:00 pm**

**OLIVE DOG SHELTER  
PO BOX 180 45 WATSON HOLLOW RD  
WEST SHOKAN NY 12494**

Inspector #: **078**

Inspector #: **67**

---

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> | Not Applicable |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>     | Not Applicable |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>      | Not Applicable |
| <b>16. Owners of identified dogs are properly notified</b>                            | Not Applicable |
| <b>17. Redeemed dogs are licensed before release</b>                                  | Not Applicable |
| <b>18. Proper impoundment fees paid before dogs are released</b>                      | Not Applicable |
| <b>19. Written contract or lease with municipality</b>                                | Not Applicable |

---

Town - City - Village Information for Inspection:

---

<b>TCV CODE</b>	<b>TCV NAME</b>
5111	Town of Olive

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Rebecca Degondea**  
TITLE: **Secretary to Town Supervisor**

REVIEWED BY: **Inspector #: 67**  
REVIEWED DATE: **09/26/2023**