NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS
DIVISION OF ANIMAL INDUSTRY
10B AIRLINE DRIVE, ALBANY, NY 12235



# MUNICIPAL SHELTER INSPECTION REPORT - DL-90

Rating: **Satisfactory365** Purpose: **Inspection**

DATE/TOA: **10/5/23 1:30 pm**

**Potsdam Humane Society**
**17 Madrid Avenue**
**Potsdam NY 13676**

Inspector #: **65**

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** | Not Applicable |
| *DCOs are responsible for owner notification* | |
| **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 |
|---|---|
| 4009 | Town of Fine |
| 4001 | Town of Brasher |
| 4004 | Town of Clifton |
| 4005 | Town of Colton |
| 4014 | Town of Hopkinton |
| 4024 | Town of Parishville |
| 4026 | Town of Pierrepont |
| 4028 | Town of Potsdam |
| 4031 | Town of Stockholm |
| 1618 | Town of Waverly |
| 4015 | Town of Lawrence |

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Kathy Hughes**
TITLE: **Shelter Manager**

REVIEWED BY: **Inspector #: 58**
REVIEWED DATE: **10/10/2023**