

TOWN OF SHANDAKEN

DOG KENNEL



Adoption Application

Please Send Completed form to: Town Clerk P.O. Box 67, 7209 Rt. 28 Shandaken NY 12480
845-217-9206- painishappy21@aol.com- Dog Control Officer

I request the privilege to become the permanent guardian of : _____
Description of pet being adopted: _____

Answer All Questions – Please Print:

First/Last Name: _____ Phone: _____

Other phone: _____ Address: _____

Email Address: _____

How did you hear about our shelter? _____

Are you at least 18 yrs. old? _____ YES _____ NO

Are you currently a student? _____ YES _____ NO

Are you adopting for yourself _____ YES _____ NO if No, Whom _____

Have you owned & cared for this type pet before ? _____ YES _____ NO

Do you understand it takes a few weeks for a pet to adjust to new environments?

_____ YES _____ NO

Check reason you are adopting this Pet _____ Hunting _____ Companion _____ Protection _____ Other

Check all that apply:

_____ At least one adult in household is currently employed

_____ I receive food stamps

_____ I receive public assistance (ie: rent support, etc.)

_____ I rent my home/apartment. Landlord name & phone # _____

_____ I am a student, my parents name & phone # _____

_____ I own my home

_____ The pet I adopt will be around children. Ages of children _____

Will this pet be an indoor or outdoor pet? _____ Indoor _____ Outdoor _____ Both

Where will your pet be kept during: Day? _____ Night? _____

What will you do with this pet if you move? _____

Do you plan to travel with your pet? _____

How much will you plan to spend on vet bills yearly? _____

Do you currently have other pets? _____ Yes _____ No

List the pets you have had in your household in the last ten yrs. (feel free to add info on back of sheet).

Name	Type	Sex	Spay/	Indoors or	Last	Vet	Status of
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			Neuter	Outdoors	Vaccinated	Name	Pet

Have you ever surrendered a pet to a shelter or humane society? ☐ YES ☐ NO

If yes, what was the reason? _____

How will you handle any behavior problems with this pet? _____

If this pet is old enough to be spayed or neutered, do you agree to wait until the Town of Shandaken Kennel has the spay/neuter performed before you pick up your pet?

☐ YES ☐ NO

What care will you provide your dog during working hours when you are not home? _____

Check any that will apply when your dog is outside – dog will be:

☐ In a fenced Yard ☐ Chained ☐ Invisible Fencing ☐ Allowed to Run Free
☐ Dog House ☐ On Overhead Cable Run ☐ Walked on Leash

I understand that a Home Inspection Visit may be required before adoption is approved

☐ YES ☐ NO

☐ I give permission for the Town of Shandaken Kennel to contact my Veterinarian:

Vet Name & Address: _____ Phone: _____

Please List two references – who are not related to you

Name/Phone: _____

Name/Phone: _____

I swear that neither I, nor anyone living with me, have been convicted of a charge related to cruelty to or neglect of animals and that no such charge against me is currently pending. I certify that all above information is true.

I understand that the Town of Shandaken Kennel will notify me within 10 days of application.

Signature: _____ Date _____

Adoption Fees;

Senior- \$175

Adult- \$275

Puppy-\$375

Attachment to Adoption Application

If I/We find that for any reason I/We can no longer keep this dog, I/We must return her/him to the Town of Shandaken Dog Control Officer, Heather Craig OR Kennel Manager, Olivia Amentia.

I/We are also aware that the Dog Control Officer, Heather Craig or Kennel Manager, Olivia Amentia is in the position at all times to make an inspection of the dog adopted. When coming to my/our home the Officer or Manager will be allowed enter the home and premises to insure the safe placement of the canine. The Officer or Manager will also check to see if I/We have any question or concerns.

I /We agree to all terms and conditions of this contract.

Signatures _____ Date: _____
_____ Date: _____

Approved By: _____ Date: _____