



Please Send Completed form to: Town Clerk PO BOX 67, 7209 Rt. 28, Shandaken NY 12480
 845-688-5004 – townclerk@shandaken.us

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/ Neuter	Indoors or Outdoors	Last Vaccinated	Vet Name	Status of 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** _____