

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

I request the	privilege t	o beco	ome the pe	ermanent guardia	n of :			
Description of	_ `	_						
Answer All (	)uestions –	- Pleas	se Print:					
First/Last Name: Phone:								
Other phone:_			Address	<b>:</b>				
Email Addres	s:							
Are you at least 18 yrs. old?YESNO Are you currently a student?YESNO Are you adopting for yourselfYESNO if No, Whom Have you owned & cared for this type pet before ?YESNO Do you understand it takes a few weeks for a pet to adjust to new environments?YESNO Check reason you are adopting this PetHuntingCompanionProtectionOther								
•		kes a f	few weeks	for a pet to adjust	to new environ	nments?		
		dopti	ng this Pe	tHunting(	Companion	_Protection _	Other	
Check all tha	110							
			hold is cur	rently employed				
I receive								
I receive	public assis	stance	(ie: rent su	ipport, etc.)				
I rent my	home/apar	tment.	Landlord	name & phone # _				
I am a stu	ident, my p	arents	name & p	hone #				
I own my								
The pet I	adopt will	be aro	und childre	en. Ages of childre	en			
				<b>et?</b> Indoor				
				ay?				
What will yo	u do with t	this pe	et if you m	ove?				
Do you plan								
How much w	ill you pla	n to sp	pend on ve	et bills yearly?				
Do you curre	ently have o	other	pets?	YesNo				
List the pets	you have h	ad in	your hous	ehold in the last t	en yrs. (feel fr	ee to add ir	<mark>ifo on back of</mark> s	
Name	Туре	Sex	Spay/	Indoors or	Last	Vet	Status of	
			Neuter	Outdoors	Vaccinated	Name	Pet	
			<u> </u>			<u> </u>		

-			_	helter or humane	-		) 	
How will you	ı handle an	y beh	avior pro	blems with this pe	et?			
_	he spay/ne			r neutered, do you before you pick u	_	it until the T	own of Shand	laken
What care w	ill you pro	vide y		uring working ho	•		ne?	
In a fence	d Yard	_ Chai	ned I	og is outside – do nvisible Fencing _ Run Walked	Allowed to	o Run Free		
I understand YES		me Ins	spection V	isit may be requi	red before ad	loption is ap	proved	
				Shandaken Kenn		-		
Please List tv	vo referenc	ces – v	vho are no	ot related to you				
Name/Phone:								
Name/Phone:								
	imals and 1			g with me, have b arge against me is				
				t of \$150 to 'Towr vill be returned to		en' to cover	spay/neuter,	vet,
I understand	that the T	own o	f Shanda	ken Kennel will n	otify me with	in 10 days o	f application.	
Signature:					Date			