

# Livingston County Sheriff's Office

## Dog Control

3386 Gypsy Lane

Mt. Morris, New York 14510

Phone: (585) 243-6740

Email: DogControl@LivingstonCountyNY.gov



### ADOPTION APPLICATION

Date: \_\_\_\_\_

Applicant name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ (specify)

Street Address: \_\_\_\_\_

Phone 2: \_\_\_\_\_ (specify)

City/Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ How long at this address? \_\_\_\_\_

Are you 18 years of age or older? ☐ Yes ☐ No

Do you live in a:

☐ House ☐ Apartment ☐ Duplex/Townhouse ☐ Dorm ☐ w/ Parents/other ☐ Mobile home park

Do you own? ☐ Yes ☐ No -or- Do you rent? ☐ Yes ☐ No (if rent, landlord name/no.) \_\_\_\_\_

Are there children in the residence? ☐ Yes ☐ No If so, how many & what age(s) \_\_\_\_\_

Does any member of the household have allergies to dogs? ☐ Yes ☐ No

What is the reason for wanting the dog? (check all that apply)

☐ Companion ☐ Watchdog ☐ Hunting ☐ Other (specify) \_\_\_\_\_

Where will the dog be kept? ☐ House ☐ Outside ☐ Indoors and out ☐ Other (specify) \_\_\_\_\_

When left outside, how will the dog be confined to your property?

☐ Fenced yard ☐ Kennel ☐ Runner line ☐ Chain ☐ Leashed walks ☐ Other (specify) \_\_\_\_\_

How many hours a day will the dog be left alone? \_\_\_\_\_

For food and veterinary care, are you prepared to spend approximately \$600 per year? ☐ Yes ☐ No

Please list veterinarians or clinics you intend to use: \_\_\_\_\_

Do you object to our checking on the wellbeing of the dog within the next 6 months? ☐ Yes ☐ No

Do you own or have owned any pets within the last three years? ☐ Yes ☐ No; Please list if yes:

Type/breed of pet	Age	Sex	Spayed/Neutered?	If no longer owned, what happened to pet?

Please provide two references who can attest to your good morale character:

Name Address Years known Phone no.

1. \_\_\_\_\_

2. \_\_\_\_\_

Applicant Certification:

**I hereby certify that the above information is accurate and true to the best of my knowledge and that falsification or omission of information may result in application denial. I recognize that Livingston County Dog Control reserves the right to deny an application based on the individual traits of a particular dog with the respect to the information herein.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Staff Use

Dog Name/ ID: \_\_\_\_\_ ☐ Approved ☐ Denied By: \_\_\_\_\_