



19 Tucker Drive • Poughkeepsie, New York 12603 • Telephone (845) 790-4677 • Fax (845) 486-7862 E-MAIL CEDWARDS@TOWNOFPOUGHKEEPSIE-NY.GOV

CATHERINE EDWARDS
Animal Control Officer

NAME		DATE	
ADDRESS			
CITY/TOWN		STATEZIP	
HOME PH#	WORK#_	CELL #	
1. What kind of pe □ Dog □ Puppy □	t are you here to ac □ Other	dopt?	
2. Why do you war	nt a pet?		
·		pet? □ Yes □ No	
4. What pets do yo	ou currently have in	your household?	
NAME	Type	Spayed/neutered	
	□ Dog □ Cat	□ Yes □ No	
	□ Dog □ Cat	□ Yes □ No	
	□ Dog □ Cat	□ Yes □ No	

	ove & what happened to animal.
5. Who is your veterinarian?	Ph#
7. Do you currently live in a	
□ house □ Apt □ Condo □ mobile home □	duplex
3. Do you □ Own □ Rent	
9. If you rent, does your landlord allow pets? □ Yes	□ No
LO. Landlords name	
Phone #	
11. Number of people in your household?	
12. Ages of children in household?	
13. Does any member of your household have any kr	nown allergies to animals?
□ yes □ no	
f yes, please explain	

DOG ADOPTIONS ONLY

1.Do you want a dog/puppy for a (check all that apply) □ house pet □ guard dog □ companion □ gift □ other (please specify)
2. Where will dog/puppy be kept during the day? Where will dog/puppy be kept during the night?
3. How many hours will dog/puppy be left alone?
4. Are you familiar with crate training? □ yes □ no
If yes, what is your opinion on crate training?
5. Do you have a fenced yard? (not mandatory) □ yes □ no
6. Do you realize you may have to house train your new dog/pup? ☐ yes ☐ no
7. What would be your course if your new dog/pup shows any destructive behavior (ie: chew on furniture?)
8. How will you keep your dog confined to your property? (check all that apply) in house Kennel fenced yard on chain garage patio on leash
Office use only
Comments: