

Case Name	Case Type	Case SubType	Incident Date	Resolution	Assigned To	Location	Jurisdiction
Stray-E: Homer Xing-Homer	Stray	Confined	4/9/24 9:51 AM	Returned to home	Suzie Tracy	5318 E Homer Crossing Rd, Cortland, NY 13045	Town of Homer

TOWN OF HOMER INCIDENT REPORT 04/01/24 THROUGH 04/30/24

Intake Date	Animal ID	Species	Primary Breed	Age (Months)	Sex	Intake Type	Outcome Date	Outcome Type
04/04/2024	CAAS-A-809	Dog	Terrier, Wirehaired	18	Male	Stray	04/24/2024	Adoption

TOWN OF HOMER INTAKE REPORT 04/01/24 THROUGH 04/30/24

Country Acres Pet Services
5852 West Scott Road
Homer, NY 13077
607-749-2734

Cluster

DOG SEIZURE AND DISPOSITION REPORT

Report # _____

Distribution: Original - DCO/Seizing Officer, Copy 1 - Municipality, Copy 2 - Shelter, Last Copy - Owner/Adopter

1. City/Town/Village: Homer County: Cattaraugus
Description of Dog Seized; License Tag No. _____ Breed: Wirehaired Terrier x
Sex: M Color: Light/whit Age: 1-2 yrs Owner of Record: _____
Owner Address: _____
Date of Seizure: 4/4/24 Time of Seizure: 1:30 pm Location of Seizure: Mead Rd
Reason for Seizure: at large/ne id No. of Impoundments in past 12 mos. (include this one): _____
Comments: no collar no microchip poor skin condition possible Flea allergy

2. Disposition Instructions If Dog Not Redeemed
At expiration of the 5 day redemption period, above described dog is available for adoption on 4/10/24 (date).
If not adopted by _____ (date) the dog shall be humanely euthanized.

3. Signature of DCO or Seizing Officer Andray Anderson Date: 4/4/24

4. I hereby acknowledge receipt of above described dog (Signatures required below):
Shelter Agent Anderson Date 4/4/24 Secondary Shelter Agent _____ Date _____

5. **REDEMPTION** - Impoundment Fees Must Be Collected and Dog Must Have Valid License Before Being Returned to Owner.

Impoundment fees are due for _____ days. Impoundment fees have been received in the amount of \$ _____. I hereby certify that this dog has been licensed pursuant to the provisions of Article 7 of the Agriculture and Markets Law.
NY State License Tag Number _____
NY City License Tag Number (If applicable) _____
Out of State License Tag Number (If applicable) _____
Signature & Title of DCO/Clerk/Shelter Agent _____ Date _____

5A. I acknowledge receipt of above described dog: Date _____ Signature of Owner _____
Print Name, Address and Phone # of Owner _____

6. **ADOPTION** - All Dogs Must Be Licensed Prior to Release.

I hereby certify that the dog has been licensed pursuant to the provisions of Article 7 of the Agriculture and Markets Law.
License tag number n/a Adoption fees have been received in the amount of \$ 190.00
and all local adoption requirements have been complied with.

6A. Signature and Title of DCO/Clerk/Shelter Agent Suzi Tracy Date 4.24.24

Adoption Release, Waiver and Disclosure
I hereby accept possession and title of the dog identified above to be harbored as a pet at my own risk, and hereby release and waive any right against the (municipality) Town of Homer which I may have now or in the future for any damages to person or property caused by said dog. No claims or representations as to the behavior or temperament of adopted animals are made by the municipality.

6B. Signature of Adopter Melissa S. Bush Date 4.24.24
Print Name, Address and Phone # of Adopter Melissa Bush 20 Pine St Cortland NY
13045 607-591-0021 Signature of Witness Suzi Tracy

7. **EUTHANASIA** - Must Be Performed in Accordance with AVMA Guidelines on Euthanasia and Article 26 of the NYS Agriculture and Markets Law
Signature of person performing euthanasia _____ Date of euthanasia _____