

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

Tyson

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: Bulldog X  
Sex: M Color: Tan/White Age: adult Owner of Record: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Date of Seizure: 9/25/24 Time of Seizure: 10:00am Location of Seizure: 5130 Rt 11  
Reason for Seizure: At large. No id No. of Impoundments in past 12 mos. (include this one): 2  
Comments: \_\_\_\_\_

2. Disposition Instructions if Dog Not Redeemed  
At expiration of the 5 day redemption period, above described dog is available for adoption on 10/1/24 (date).  
If not adopted by \_\_\_\_\_ (date), the dog shall be humanely euthanized.

3. Signature of DCO or Seizing Officer [Signature] Date: 9/25/24

4. I hereby acknowledge receipt of above described dog (Signatures required below):  
Shelter Agent [Signature] Date 9/25/24 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 \$ 50.. I hereby certify that the dog has been licensed pursuant to the provisions of Article 7 of the Agriculture and Markets Law.  
NY State License Tag Number # 2199 Homer  
NY City License Tag Number (If applicable) \_\_\_\_\_  
Out of State License Tag Number (If applicable) \_\_\_\_\_

Signature & Title of DCO/Clerk/Shelter Agent [Signature] Date \_\_\_\_\_

5A. I acknowledge receipt of above described dog: Date \_\_\_\_\_ Signature of Owner [Signature]  
Print Name, Address and Phone # of Owner Walter J. Soy Ellis 1485 Frederick Ave  
Homer NY 13077 607-423-7632

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 \_\_\_\_\_ Adoption fees have been received in the amount of \$ \_\_\_\_\_  
and all local adoption requirements have been complied with.

6A. Signature and Title of DCO/Clerk/Shelter Agent \_\_\_\_\_ Date \_\_\_\_\_

**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) \_\_\_\_\_ 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 \_\_\_\_\_ Date \_\_\_\_\_  
Print Name, Address and Phone # of Adopter \_\_\_\_\_  
Signature of Witness \_\_\_\_\_

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 \_\_\_\_\_

Country Acres Pet Services  
5852 West Scott Road  
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607-749-2734

Pearl

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: Cortland  
Description of Dog Seized: License Tag No. \_\_\_\_\_ Breed: St. Bernard  
Sex: F Color: Tricolor Age: adult Owner of Record: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Date of Seizure: 9/25/24 Time of Seizure: 10:00 am Location of Seizure: 5130 Rt 11  
Reason for Seizure: At large, No id. No. of Impoundments in past 12 mos. (include this one): 2  
Comments: No collar Clup # 981 02 0047383268

2. Disposition Instructions If Dog Not Redeemed  
At expiration of the 5 day redemption period, above described dog is available for adoption on 10/1/24 (date).  
If not adopted by \_\_\_\_\_ (date), the dog shall be humanely euthanized.

3. Signature of DCO or Seizing Officer Juzie Tracy Date: 9/25/24

4. I hereby acknowledge receipt of above described dog (Signatures required below):  
Shelter Agent Juzie Tracy Date 9/25/24 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 1 days. Impoundment fees have been received in the amount of \$ 50. I hereby certify that the dog has been licensed pursuant to the provisions of Article 7 of the Agriculture and Markets Law.

NY State License Tag Number #2550 Homer  
NY City License Tag Number (If applicable) \_\_\_\_\_  
Out of State License Tag Number (If applicable) \_\_\_\_\_  
Signature & Title of DCO/Clerk/Shelter Agent Juzie Tracy Date 9-25-24

5A. I acknowledge receipt of above described dog: Date 9-5-24 Signature of Owner Jay [Signature]  
Print Name, Address and Phone # of Owner Walter Jay Ellis 1485 Frederick Ave  
Homer NY 13077 (607) 423-7632

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 \_\_\_\_\_ Adoption fees have been received in the amount of \$ \_\_\_\_\_  
and all local adoption requirements have been complied with.

6A. Signature and Title of DCO/Clerk/Shelter Agent \_\_\_\_\_ Date \_\_\_\_\_

**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) \_\_\_\_\_ 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 \_\_\_\_\_ Date \_\_\_\_\_  
Print Name, Address and Phone # of Adopter \_\_\_\_\_  
Signature of Witness \_\_\_\_\_

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 \_\_\_\_\_

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Duke

**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: Wayne  
Description of Dog Seized: License Tag No. \_\_\_\_\_ Breed: Shepherd  
Sex: M Color: Black Age: Adult Owner of Record: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
Date of Seizure: 9/17/24 Time of Seizure: 7:30 AM Location of Seizure: Route 281 / Little York King  
Reason for Seizure: lost license no ID No. of Impoundments in past 12 mos. (include this one): \_\_\_\_\_  
Comments: Microchip # 981020053148065

2. Disposition Instructions If Dog Not Redeemed  
At expiration of the 5 day redemption period, above described dog is available for adoption on 9/23/24 (date).  
If not adopted by \_\_\_\_\_ (date), the dog shall be humanely euthanized.

3. Signature of DCO or Seizing Officer Andrew Anderson Date: 9/17/24

4. I hereby acknowledge receipt of above described dog (Signatures required below):  
Shelter Agent Anderson Date 9/17/24 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 \$ 0. I hereby certify that  
dog has been licensed pursuant to the provisions of Article 7 of the Agriculture and Markets Law.  
NY State License Tag Number 40003024 City of Syracuse  
NY City License Tag Number (If applicable) \_\_\_\_\_  
Out of State License Tag Number (If applicable) \_\_\_\_\_

Signature & Title of DCO/Clerk/Shelter Agent Andrew Anderson Date 9/17/24

5A. I acknowledge receipt of above described dog: Date 9/17/24 Signature of Owner Jacob Wilmer  
Print Name, Address and Phone # of Owner Jacob & Michelle Wilmer 114 Dorothy St  
Syracuse NY 13023 315-897-0856

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 \_\_\_\_\_ Adoption fees have been received in the amount of \$ \_\_\_\_\_  
and all local adoption requirements have been complied with.

6A. Signature and Title of DCO/Clerk/Shelter Agent \_\_\_\_\_ Date \_\_\_\_\_

**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) \_\_\_\_\_ 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 \_\_\_\_\_ Date \_\_\_\_\_  
Print Name, Address and Phone # of Adopter \_\_\_\_\_  
Signature of Witness \_\_\_\_\_

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 \_\_\_\_\_