

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

Sarah

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: Hound  
Sex: F Color: Brown/white Age: 1-2 yrs Owner of Record: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Date of Seizure: 11/21/24 Time of Seizure: 12:30 pm Location of Seizure: Route 90 (near Homer, NY)  
Reason for Seizure: lost license no ID No. of Impoundments in past 12 mos. (include this one): 1 (Hops)  
Comments: pink nylon collar no microchip

2. Disposition Instructions If Dog Not Redeemed  
At expiration of the 5 day redemption period, above described dog is available for adoption on 11/27/24 (date).  
If not adopted by \_\_\_\_\_ (date), the dog shall be humanely euthanized.

3. Signature of DCO or Seizing Officer Shirley Anderson Date: 11/21/24

4. I hereby acknowledge receipt of above described dog (Signatures required below):  
Shelter Agent Anderson Date 11/21/24 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 the 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  
and all local adoption requirements have been complied with.

6A. Signature and Title of DCO/Clerk/Shelter Agent Juzie Tracy Date 1-3-25

**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 \_\_\_\_\_ Date 1-3-25  
Print Name, Address and Phone # of Adopter Amanda Fletcher - online - 213 Elm St Ithaca NY  
13357 (315) 219-3107 Signature of Witness Juzie 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 \_\_\_\_\_

Case Name	Case Type	Case Subtype	Incident Date	Resolution	Assigned To	Location	Jurisdiction
Dog at large-White Bridge Circle-Homer	Enforcement	Leash Law	1/17/25 3:59 PM	Notice to Comply	Suzie Tracy	1686 White Bridge Cir, Homer, NY 13077	Town of Homer

TOWN OF HOMER INCIDENT REPORT 01/01/25 THROUGH 01/31/25

# Events - Intakes - Custom Report

 Run by caas\_landersen on 02/04/2025 | 1:17 PM

 Selected Date Range: 01/01/2025 to 02/01/2025

Animal ID	Species	Primary Breed	Sex	Age (Months)	Intake Date	Intake Type	Intake Jurisdiction	Intake Found Address	Outcome Date	Outcome Type
CAAS-A-2603	Dog	Hound	Female	12	01/20/2025	Stray In	Town of Homer	RT-41	—	—