

GLOUCESTER COUNTY ANIMAL SHELTER

PRE-ADOPTION APPLICATION

1200 N. DELSEA DRIVE, CLAYTON, NJ 08312

856-881-2828 FAX 856-881-0538

** PLEASE PRINT **

I AM INTERESTED IN
TICKET #

FAX / ATTENTION

NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ COUNTY: _____ STATE/ZIP: _____

YOU ARE LOOKING FOR: _____ DOG _____ PUPPY _____ CAT _____ KITTEN

(PLEASE CIRCLE) RENT OR OWN HOUSE APARTMENT MOBILE HOME CONDO / TOWNHOME DORM

HOW LONG HAVE YOU LIVED AT THIS ADDRESS: _____ YRS / MO

LANDLORD NAME & PHONE: _____ ASSOC.NAME & PHONE: _____

ARE YOU PLANNING ON MOVING IN THE NEXT 6 MONTHS: _____ YES _____ NO

WHAT HOURS ARE YOU OR ANOTHER RESPONSIBLE PERSON HOME: _____

HOW MANY CHILDREN ARE IN THE HOUSE: _____ AGES: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

PLEASE PROVIDE 2 REFERENCES (FRIEND, RELATIVE OR OTHER) THAT DO NOT LIVE WITH YOU

1.Name: _____ phone: _____ 2.Name: _____ phone: _____

HAVE YOU EVER ADOPTED FROM GC ANIMAL SHELTER BEFORE: _____ WHAT / WHEN: _____

WHERE WILL YOUR PET SPEND MOST OF ITS TIME: INSIDE / OUTSIDE _____

WHEN YOU ARE NOT HOME WHERE WILL PET BE: INSIDE / OUTSIDE _____

HOW WILL YOUR PET EXERCISE: _____ WALKS _____ CHAIN _____ YARD _____ DOG RUN

WHEN OUTSIDE WHAT TYPE OF HOUSING WILL THE PET HAVE: _____

IS YOUR YARD FENCED: _____ YES _____ NO _____ PARTIAL HOW HIGH: _____

DO YOU GIVE US PERMISSION TO EXAMINE YOUR YARD: _____ YES _____ NO

Will cat(s) be allowed outside: _____ YES _____ NO

Will You DECLAW this cat or kitten: _____ YES _____ NO

DO YOU HAVE AN AREA FOR HOUSEBREAKING PURPOSES: _____ YES _____ NO

WHAT TYPE OF PET FOOD DO YOU USE: _____

PLEASE LIST THE PETS YOU OWN OR LIVE WITH NOW AND FOR THE PAST 7 YEARS

NAME: _____	DOG	CAT	OTHER _____	STILL OWN / RESIDE	YES / NO
NAME: _____	DOG	CAT	OTHER _____	STILL OWN / RESIDE	YES / NO
NAME: _____	DOG	CAT	OTHER _____	STILL OWN / RESIDE	YES / NO
NAME: _____	DOG	CAT	OTHER _____	STILL OWN / RESIDE	YES / NO
NAME: _____	DOG	CAT	OTHER _____	STILL OWN / RESIDE	YES / NO

IF YOU DON'T HAVE ANIMALS NOW WHEN WAS THE LAST TIME YOU OWNED A PET: _____

WHAT HAPPENED TO IT/THEM: _____

VETERINARIAN: _____ PHONE: _____

WHAT ARE YOUR REASONS FOR ADOPTING

HOUSE PET/COMPANION _____	HUNTING _____	FOR THE CHILDREN _____
GUARD DOG INSIDE _____	BARN CAT _____	GIFT FOR SOMEONE _____
GUARD DOG OUTSIDE _____	WANT TO SAVE _____	WHO: _____

I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE AND COMPLETE. I FURTHER UNDERSTAND THAT FALSIFIED INFORMATION THAT I GIVE WILL TERMINATE ACTION ON THE ADOPTION PROCESS. I HEREBY AUTHORIZE RELEASE DISCLOSURE OF RECORDS AND OR OTHER INFORMATION CONCERNING ALL OF THE ABOVE INQUIRIES, INCLUDING BUT NOT LIMITED TO TENANCY INFORMATION AND VETERINARY RECORDS.

SIGNATURE (MUST BE OF LEGAL AGE) _____ DATE _____ TIME _____

Y / N	EMP: _____	APPROVED FOR: DOG _____ PUPPY _____ CAT _____ KITTEN _____
COMMENTS: _____		
ADOPTED: _____ TICKET # _____		