

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 #

NAME: _____ PHONE: _____

ADDRESS: _____ ALT. #: _____

CITY: _____ COUNTY: _____ STATE/ZIP: _____

E-MAIL ADDRESS: _____

YOU ARE LOOKING FOR: CAT KITTEN DOG PUPPY OTHER

RENT OR OWN: HOUSE APARTMENT MOBILE HOME CONDO/TOWNHOME DORM

LANDLORD NAME & #: _____

HOW MANY PEOPLE ARE IN THE HOUSE?: ADULTS: _____ CHILDREN: _____ (CHILDREN'S AGES): _____

WILL CATS BE ALLOWED OUTSIDE: YES / NO

HAVE YOU EVER OWNED A CAT?: YES / NO

WHAT ARE YOUR REASONS FOR ADOPTING?: _____

HAVE YOU EVER OWNED A DOG?: YES / NO

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

WHAT ARE YOUR PLANS FOR YOUR PET WHEN YOU'RE GONE DURING THE DAY?: _____

IS YOUR YARD FENCED? YES / NO / PARTIAL

DO YOU GIVE US PERMISSION TO EXAMINE YOUR YARD? YES / NO

WHAT ENERGY LEVEL ARE YOU LOOKING FOR A IN A NEW DOG?: HIGH ENERGY / MEDIUM ENERGY / LOW ENERGY

WHAT ARE YOUR REASONS FOR ADOPTING?: _____

PLEASE LIST THE PETS YOU OWN OR LIVE WITH

NAME: _____ DOG CAT OTHER _____ NAME: _____ DOG CAT OTHER _____

NAME: _____ DOG CAT OTHER _____ NAME: _____ DOG CAT OTHER _____

NAME: _____ DOG CAT OTHER _____ NAME: _____ DOG CAT OTHER _____

NAME: _____ DOG CAT OTHER _____ NAME: _____ DOG CAT OTHER _____

VETERINARIAN: _____ PHONE #: _____

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 18 YEARS OR OLDER)

DATE

TIME

Y / N EMP: APPROVED FOR: CAT KITTEN DOG PUPPY OTHER

COMMENTS:

