

**GLOUCESTER COUNTY ANIMAL SHELTER
PRE-ADOPTION APPLICATION**

1200 N. DELSEA DRIVE, CLAYTON, NJ 08312
856-881-2828 FAX 856-881-0538

****PLEASE PRINT****

Applicant Info

Name: _____ Phone #: _____

Address: _____ Apt. #: _____

City: _____ County: _____ State/Zip: _____

E-mail: _____ Alt Phone #: _____

Rent or own: **House** **Apartment** **Mobile Home** **Condo/Townhome** **Dorm**

Landlord's Name and #: _____

Please list the names and ages of all people living in the home and their relationship to you
(spouse/partner, roommate, child, etc):

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

You are looking for: **Cat** **Dog** **Other:** _____

If you're interested in a specific pet at the shelter, please write their ticket #: _____

Cat Pre-Adopt – you may skip this section if you are not interested in adopting a cat

Have you ever owned a cat? **Yes / No** Will cats be allowed outside? **Yes / No**

Do you plan to declaw the cat? **Yes / No**

What are your reasons for adopting a cat? _____

Dog Pre-Adopt – you may skip this section if you are not interested in adopting a dog

Have you ever owned a dog? **Yes / No**

Where will your dog spend most of its time? **Inside / Outside**

How many hours per day will your dog be left alone? _____

What are your plans for your dog when you're out of the house? _____

What energy level are you looking for in a dog? **High / Medium / High**

How will you exercise your dog? _____

What are your reasons for adopting? _____

