

I AM INTERESTED IN
TICKET# _____

GLOUCESTER COUNTY ANIMAL SHELTER
PRE - ADOPTION APPLICATION
 1200 N. DELSEA DR., CLAYTON, N.J. 08312
 856-881-2828 * fax 856-881-0538
****PLEASE PRINT****

FAX / ATTENTION

NAME _____ PHONE# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

You Are Looking For: DOG _____ CAT: _____ PUPPY: _____ KITTEN: _____

Do you live in (circle one) HOUSE APARTMENT MOBILE HOME CONDO DORM

Do you RENT or OWN? How long have you lived at this address? _____

Landlord's Name and Phone# _____

Are you moving in the next 6 months? YES _____ NO _____ What hours are you home? _____

Place of Employment _____ Phone# _____ Ext. _____

Are there children in the house? _____ How old? _____

TWO REFERENCE PHONE # (friend, relative, neighbor)

1. Name _____ Ph# _____ 2. Name _____ Ph# _____

Have you adopted from this shelter before? _____ When / What? _____

Where will your pet spend MOST of its time? INSIDE / OUTSIDE When you are not home? INSIDE / OUTSIDE

If inside, how will your dog exercise? WALKS _____ CHAIN _____ DOG RUN _____ YARD _____

If outside, what type of housing will the pet have? _____

Do you give permission to have us examine your yard? YES _____ NO _____

Is yard fenced? YES _____ NO _____ PARTIAL _____ How High? _____

Will Cat(s) be allowed outside? YES _____ NO _____

Will you declaw this cat or kitten? YES _____ NO _____

Will you agree to have New Pet Spayed / Neutered? YES _____ NO _____ Why? _____

Do you have an area where New Pet can be isolated for housebreaking purposes? YES _____ NO _____

What Type of Pet Food do you use? _____

Please list current pets that you own or reside with, also list how many Pets have you owned in last 7 Years :

Name: _____ DOG CAT OTHER _____ Do you still Own or reside with? _____

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Veterinarian _____ Phone # _____

When was the last time you owned a pet? _____ What happened to it? _____

WHAT ARE YOUR REASONS FOR ADOPTING A PET?

House pet/companion _____ Hunting _____ For the Children _____

Guard dog/inside _____ Breeding _____ Gift for Someone _____ Who? _____

Guard dog/ outside _____ Barn Cat _____ Want to save _____

I certify that the information given by me in this application is true and complete. I further understand that any 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 inquires, including but not limited to employment information, tenancy information and veterinary records.

SIGNATURE (Must Be Of Legal Age)

DATE

TIME

Y / N Employee _____ Approved for: DOG PUPPY CAT KITTEN

Comments _____

Adoption Date _____ Ticket # _____ preado1 2/03