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WWW.CO.GLOUCESTER.NJ.US

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

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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 #*