

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  OTHER \_\_\_\_\_

(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 ARE THE HOURS YOU OR ANOTHER RESPONSIBLE PERSON ARE 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 OR RESIDE	YES / NO
NAME: _____	DOG	CAT	OTHER _____	STILL OWN OR RESIDE	YES / NO
NAME: _____	DOG	CAT	OTHER _____	STILL OWN OR RESIDE	YES / NO
NAME: _____	DOG	CAT	OTHER _____	STILL OWN OR RESIDE	YES / NO
NAME: _____	DOG	CAT	OTHER _____	STILL OWN OR 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 # _____						