Hours:
Sun.-Mon 10am-2pm
Tues.-Sat. 8:30am-4pm
Holidays Closed

Pequannock Township Animal Shelter

Adoption Application

Phone #:
(973) 835-3980

_____
Approved / Denied *Date*

Date:_____ Animal Interested In:_____

Name(s):_____
First *Last*

Address:_____
 # / Apt. *Street* *Town* *State* *Zip Code*

Email:_____ Phone #:_____

References: ***(cannot be someone who lives in the same household)***

1. _____
Name (First & Last) *Address* *Phone #*

2. _____
Name (First & Last) *Address* *Phone #*

Personal Information:

Are you at least 18 years of age? ☐ Yes ☐ No
Is this your first experience with a pet? ☐ Yes ☐ No
Have you adopted from a shelter before? ☐ Yes ☐ No
If "**YES**" Where? ☐ Yes ☐ No
Have you surrendered **or** returned an animal before? ☐ Yes ☐ No

If yes, please explain:_____

What is your current living situation?_____
(*Ex: Living with family, Renting, Own, etc.*)

If you live in a situation **other than owning a house,** does the establishment allow pets? ☐ Yes ☐ No
Do you have or live in an area with young children (under 6 years old)? ☐ Yes ☐ No
Is someone home during the day? ☐ Yes ☐ No Night? ☐ Yes ☐ No

Current Pet Information:

Do you currently own or live with any pets? ☐ Yes ☐ No

Animal Name	Species	Neutered? *(Y/N)*	Up to date on Shots? *(Y/N)*	Has seen a vet in the past year? *(Y/N)*	Licensed with the town currently living in? *(Y/N)*

Vet Contact Info:_____
Hospital's Name *Phone #*

Hours:
Sun. 10-2pm
Mon. Closed
Tues. 10-2 + 5:30-8:30pm
Wed.—Sat. 10-2pm

Pequannock Township Animal Shelter

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Dog Adoption Information:

Have you had any previous experience with dogs? ☐ Yes ☐ No

Do you have a fenced in yard? ☐ Yes ☐ No

Will you crate train your adopted dog? ☐ Yes ☐ No

Where will the dog be living in your home? ☐ Garage ☐ Outside in yard ☐ Indoors

Are you willing to use a trainer if difficulties arise? ☐ Yes ☐ No

If no, please explain:_____

How often will the dog be alone?_____

When alone, how will the dog be confined? ☐ Indoors ☐ Crate ☐ Outside in yard ☐ Other:_____

How will you exercise the dog?_____

Will you assume the responsibility of all care that is necessary with owning a dog? _____
Initial

Cat Adoption Information:

Have you had any previous experience with cats? ☐ Yes ☐ No

What lifestyle would you like the cat to have? ☐ House Pet ☐ Mouser ☐ Gift ☐ Other:_____

Are you planning on declawing the cat? ☐ Yes ☐ No

If yes, please explain:_____

Will you allow the cat to roam outside? ☐ Yes ☐ No

How often will the cat be alone?_____

When alone, how will the cat be left? ☐ Free roam indoors ☐ Locked in a room ☐ Caged ☐ Outside

Will you assume the responsibility of all care that is necessary with owning a cat? _____
Initial

**** The Pequannock Township Animal Shelter reeserves the right to decline the adoption of an animal if the potential adopter is deemed unsuitable. ****

Signature:_____
Signature *Print Name* *Date*