

North Jersey Community Animal Shelter
23 Brandt Lane Bloomingdale, NJ 07403

Adoption Application

Your Name: _____ Email: _____

Address: City, State Zip: _____

Phone (Home): _____ (Cell): _____

Employer: _____ Position: _____ Years there? _____

What type of pet are you looking for? _____

What breeds are you familiar with? _____

How long have you been looking for this type of pet? _____

Is this pet a gift? If yes, for whom? _____

How many adults live in household? _____ How many children live in household? _____

Ages of all children (including adult children) living at household? _____

Do all members of your household want this pet? _____

Do any family members have allergies? _____ If yes, please explain: _____

Who will be primarily responsible for the pet? _____

I live in an Apartment/ Condo/ House (Rent or Own)

How long have you lived at your current address? _____

If renting:

Landlord's name: _____ Phone #: _____

Best time to contact? _____

Do you have a fence? _____ If yes, how high? Type: _____

Please explain how and when you will exercise the pet and allow it to relieve itself: _____

North Jersey Community Animal Shelter
23 Brandt Lane Bloomingdale, NJ 07403

Where will this pet to be kept? _____

What pets have you owned in the past? _____

Where are they
now? _____

What pets do you own now? _____

Where are they kept? _____

Are they spayed or neutered? _____

Are their vaccinations and licenses current? _____

How long will the pet be left alone each day? _____

Where will the pet be kept during this time? _____

Where will the pet be kept when the family is home? _____

Where will the pet sleep? _____

How many hours will the pet be allowed to play outside? _____

What will you do if the pet gets lost? _____

What will you do if your pet becomes ill and requires expensive medical care? _____

What will you do with your pet when you go on vacation? _____

What will you do with your pet if you move? _____

What will you do if your pet chews furniture or displays other destructive
behavior? _____

Are you familiar with:
Housebreaking? _____ Crate training? _____ Local pet licensing laws? _____

Have you ever participated in a formal pet obedience training class? _____

Are you willing to seek professional help if behavioral issues arise in this pet? _____

Name and telephone of your veterinarian: _____

North Jersey Community Animal Shelter
23 Brandt Lane Bloomingdale, NJ 07403

Please provide one personal reference who can recommend you as a responsible pet owner.

Name: _____ Phone: _____ Relationship: _____

Please provide an emergency contact NOT living in your home:

Name: _____ Phone: _____ Relationship: _____

Please provide the name of the person that will care for this pet if you are no longer able:

Name: _____ Phone: _____ Relationship: _____

Are you willing to allow us to make a home visit to verify your application? _____

Are you willing to agree to 3-month, 6-month and yearly follow up visits? _____

Please add any additional information that you think we should know about: _____

Volunteer

Notes: _____

Thank you for your interest in adopting a shelter pet. We look forward to working with you through the pre and post adoption process.