

Hours:

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

# 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

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 #

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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 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 reserves the right to decline the adoption of an animal if the potential adopter is deemed unsuitable. \*\***

Signature: \_\_\_\_\_

*Signature*

*Print Name*

*Date*