Pequannock Township Animal Shelter
Adoption Application

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

Phone #: (973) 835-3980

 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

<table>
<thead>
<tr>
<th>Animal Name</th>
<th>Species</th>
<th>Neutered? (Y/N)</th>
<th>Up to date on Shots? (Y/N)</th>
<th>Has seen a vet in the past year? (Y/N)</th>
<th>Licensed with the town currently living in? (Y/N)</th>
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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  
☐ Yes  ☐ No

Are you willing to use a trainer if difficulties arise?  
__________________________________________________________________________

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.** **