



SECAUCUS ANIMAL SHELTER #081
525 Meadowland Parkway
Secaucus, NJ 07094
(201) 348-3213

Dog Application

Dog(s) you are interested in adopting _____

A successful adoption depends on your selection of the dog and his/her needs. It is also based on living situations, person and veterinary references and a home visit. Fill out this application in completion so we can process it effectively. You must be at least 18 years of age to adopt. The application process takes up to and can exceed 2-3 (M-F) days.

Personal Information:

Applicant: _____

Date: _____

Co-Applicant: _____

Relationship: Spouse Parent Roommate Partner Other

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Alternate Phone: _____

E-Mail: _____

Best way to contact you: Email Phone Alternate Phone

Applicant's Employer: _____ Phone: _____

Co-Applicant's Employer _____ Phone: _____

Relative's Name: _____ Relationship: _____ Phone _____

Prospective Pet Information:

Why do you want to adopt a dog: Circle all that apply

Companion Gift Guard Dog/Protection For Child Other _____

Please list your preferences for a pet (ex: age sex breed size personality) _____

In the past 30 days, have you applied for a dog in another rescue/shelter? Y / N If yes where _____

Lifestyle and Home Situation:

You would describe your lifestyle as: Active - Moderately Active - Somewhat active - Laid-back

Please list names and ages of all members of household

Do you: Own - Rent

Name of Landlord: _____ Phone: _____

Do you have a homeowners Association or a Property Management Company that manages your community area?

If yes Name: _____ Phone: _____

If no, name of your Township or Borough? _____

Do you have a fenced in yard? Yes / No What type of fence: _____ Height: _____

Does the fence enclose the yard? Yes - No If No, Please explain _____

If you do not have a fence, do you plan to install one: Yes No When and what type: _____

If you do not have a fence – how will you let your dog out? (circle all that apply)

Leash walk - Tie Out/Leed - Kennel Run - Train to Stay in boundary by Electric Fence

Where will this pet be kept during the day? Inside Outside Both

Where will this pet be kept during the night? Inside Outside Both

When the dog is home alone, how will he/she be kept? (circle all that apply)

Crate Run of house Access to Back Door Backyard Garage Outside Kennel with Dog House

Other/depends explain: _____

Do you plan on moving from your current location in the next three years? Yes No Unsure

Do you plan on having children in the next ten years? Yes No Unsure

If yes or unsure how would you introduce/incorporate the dog and new family member?

Are all household members interested in adopting a dog and are active in its adoption? Yes No

If no, please explain: _____

Responsibility:

How many hours will this pet be left alone on a typical work day? _____

Is anyone home during the day: Yes No If yes, Who? _____

Where will the dog sleep? _____

Who will care for this pet while you are on vacation? _____

If you move, what will you do with this animal? _____

Are you willing to take responsibility for this pet for the next 10 + years? Yes No

How much do you think it will cost to care for this animal each year? Please consider veterinary care, food, grooming, licensing, etc. _____

Are you willing to put in the time to housetrain a dog: Yes No

Do you understand changing a dog's environment may cause the dog to have accidents? Yes No

Do you understand that it can take dog several months to adjust to other pets in the house? Yes No

What circumstances would cause you to return this animal? _____

If a behavioral problem arises, what steps will you take to correct it? _____

Will you take a formal obedience class? Yes No Do you have a trainer in mind? _____

As part of our adoption process, we may require a home visit. Are you willing to have a home visit? Yes No. If no, please explain _____

Have you adopted from Secaucus Animal Shelter previously? Yes No

If yes, please list names, breeds and years adopted _____

Current and past pets:

Name	Species	Breed	Age	Sex	Neutered?	Declawed?	How long have you had?
_____	_____	_____	_____	M/F	Y/N	Y/N	_____
_____	_____	_____	_____	M/F	Y/N	Y/N	_____
_____	_____	_____	_____	M/F	Y/N	Y/N	_____

(If you have any additional pets, please continue this list on the reverse side of this application)

Pets previously in your home (deceased, given away, lost, etc)

Name	Species	Breed	Age	Sex	Neutered?	Declawed?	How long have you had?
_____	_____	_____	_____	M/F	Y/N	Y/N	_____
_____	_____	_____	_____	M/F	Y/N	Y/N	_____
_____	_____	_____	_____	M/F	Y/N	Y/N	_____

(If you have any additional pets, please continue this list on the reverse side of this application)

If deceased, year, cause? _____

Veterinary reference:

Name of veterinary/Animal Hospital for current pets: _____

In whose name are the records listed? _____

Name of Veterinarian/Animal Hospital for past pets: _____

In whose name are the records listed? _____

Personal References:

List two personal references (two non-family) with name, phone, and relationship) It would be beneficial to have a neighbor's reference. Do not use your veterinarian as a personal reference.

1. _____

2. _____

Disclaimer & Release:

I have read the above information carefully and have filled out the questions honestly, I understand that omission of information and/or failure to answer all questions can result in my application being denied.

I also understand the adoption decision is dependent on many factors including but not limited to compatibility of the family and home to the individual animal. Secaucus Animal Shelter reserves the right to refuse the adoption of an animal to anyone for any reason. By signing this form, I authorize the release of my pet(s) medical information from the veterinarians or animal hospitals listed on this application.

Signature of Applicant: _____ Date: ____/____/____

Signature of Co-Applicant: _____ Date: ____/____/____

For Office Use Only:

Veterinarian Reference:

Name of Vet spoken to: _____

Phone Number of Vet: _____

Staff Member making the call: _____

Acceptable Reference: Yes / No

Comments: _____

Personal References (2):

1 Name of reference _____

Phone Number of Reference: _____

Staff Member making the call: _____

Acceptable Reference: Yes / No

Comments:

2 Name of reference _____

Phone Number of Reference: _____

Staff Member making the call: _____

Acceptable Reference: Yes / No

Comments:
