

OLD BRIDGE TOWNSHIP POLICE DEPARTMENT
ANIMAL CONTROL DIVISION/MUNICIPAL ANIMAL SHELTER

1 OLD BRIDGE PLAZA
OLD BRIDGE, NJ 08857
732 721 5600 X 6300

Dog Adoption Application

Please complete the following questions in order for us to assist you. The more information you provide, the better, as it will help us guide you to find the right animal for your family's lifestyle.

Part 1: Contact and personal information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

1. Drivers License #: _____ State: _____

2. Home phone: _____ Work phone: _____

3. E-mail: _____

4. Age: _____

5. Occupation: _____ Employer: _____

6. Are you a renter? Yes No

7. If you rent, does your lease allow pets? Yes No Don't Know

8. Do you live with: Spouse/Partner Children Parents Roommate Alone

9. How many adults (21+) in your household? _____

10. How many individuals under the age of 21? _____ What are their ages? _____

11. Have you receive approval to adopt an animal from each adult (21+) in your home? Yes No

12. Do you ever had pet before? Yes No

Part 2: Liability and Responsibility

13. You agree that the dog will not be used in any illegal activities. Yes, I do No, I don't

14. You agree that he/she shall not be sold for medical or experimental purposes.
 Yes, I do No, I don't

15. The dog will be kept as a house pet? Yes No in your household? Yes No

If not in your household, where will the dog be housed? _____

16. Have you even been convicted of an offense other than a traffic violation? Yes No

If yes, explain: _____

Part 3: Animal you are interested in adopting:

17. Choice #1: Name: _____ Choice#2: Name: _____

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18. What do you like about this animal? _____

Part 4: Living situation and lifestyle

23. Dog's living situation. (Check all that apply).

- Dog will be house pet, living inside with family.
- Dog will live in basement or garage.
- Dog will live outdoors.
- Doghouse will be provided.
- Guard Dog for Business Guard Dog for home
- Other - please specify

24. How many hours a day will dog be home alone? I will be with her virtually all day four days a week. On the each of the other days I will be gone no longer than four hours.

25. When home alone, dog will be (check all that apply)

- In a crate, wire cage or dog pen inside.
- In a kennel: Outdoor Indoor Both
- Tied up outside: Cable Run Chain
- Dog will be loose: Indoor Outside

26. How will you exercise your dog? (Check all that apply)

- Leash walks every day.
- Will have cable or dog run in the yard.
- Will be free to run in a fenced yard.
Type and height of fence: 4 feet
- Will be free to run free in a yard with an invisible fence.
- Will have unsupervised access to unfenced yard.
- Will bring to dog park.
- Other. Please specify

27. Yard size: small medium large Fence: Yes No

28. What setting is your home in? urban suburban rural

Part 5: Other pets and experience

29. Do you have other dogs? Yes No

30. Are all dogs and cats currently in your home licensed? Yes No

31. If you have had other dogs in the past, let us know what happened to them.

- Died of old age.
- Died of fatal disease.
- Gave away to friends or relatives.
- Gave to shelter.
- Sold.
- Was hit by car.

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Lost/Disappeared.

Please specify what happened: _____

32. Are there currently animals in your household? Yes No

33. Veterinarian Reference:

Office Name: _____ Primary Doctor: _____

City: _____ Office Phone: _____

Names of pet(s) that have been in their care: _____

34. Personal Non-family Reference (required if you do not have a veterinarian reference):

Name: _____ Relation: _____

Years Acquainted: _____ Phone: _____

35. Will you be taking the animal for a veterinary exam within the next 7 days? Yes No

36. Do you intend to spay/neuter the animal? _____

37. Is there any other additional information that you would like us to know?

Signature: _____

Date: _____

ACO Comment: _____

ACO Signature: _____

Date: _____

Manager Approval: _____

Date: _____