

OLD BRIDGE TOWNSHIP POLICE DEPARTMENT
ANIMAL CONTROL DIVISION/MUNICIPAL ANIMAL SHELTER
1 OLD BRIDGE PLAZA
OLD BRIDGE, NJ 08857
732 721 5600 X 6300

Cat 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: _____

Driver's License #: _____ State: _____

1. Home phone: _____ Work phone: _____

Cell phone: _____

2. E-mail: _____

4. Age: 18-20 21-25 26-40 41-50 50+

3. Occupation: _____ Employer: _____

4. Are you a renter? Yes No

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

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

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

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

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

10. Do you ever had pet before? Yes No

Part 2: Liability and Responsibility

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

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

13. The cat will be kept as a house pet? Yes No in your household? Yes No

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

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

If yes, explain: _____

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Part 3: Animal you are interested in adopting:

15. Choice #1: Name: _____

What do you like about this animal? _____

16. Choice #2: Name: _____

What do you like about this animal? _____

Part 4: Living situation and lifestyle

Cat's Living Situation (check all that apply)

- _____ Cat will be house pet, living inside with family.
- _____ Cat will live in basement or garage.
- _____ Cat will live outdoors. Appropriate shelter will be provided.

When home alone, cat will be (check all that apply)

- _____ In a crate, wire cage or cat pen indoors
- _____ In an indoor kennel
- _____ In an outdoor kennel
- _____ Loose indoors
- _____ Loose outdoors
- _____ Other - Please specify:

Part 5: Other Pets and Experience

Do you have other cats? Yes No

If yes, how many? _____

Male Neutered? Yes No

Female Spayed? Yes No

Are all cats currently in your home licensed? Yes No

If you have had other cats 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.

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____ Sold.

____ Was hit by car.

____ Lost/Disappeared. Please specify what happened:

Are there currently animals in your household? Yes No

If you answered yes, please specify type and how many:

Veterinarian Reference: _____

Office Name: _____

Primary Doctor: _____

City: _____

Office Phone: _____

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

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

Do you intend to spay/neuter the animal? Yes No

Do you intend to de-claw the cat? Yes No

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

I certify that all information is true and complete to the best of my knowledge.

Signature _____ Date: _____

{Please print Name} _____

Old Bridge Municipal Animal Shelter:

Name: _____

Signed: _____ Date: _____