

Franklin Township

SOMERSET COUNTY
ANIMAL CONTROL

TEL: 732-873-2500
FAX: 732-873-8902



475 DEMOTT LANE
SOMERSET NJ. 08873

Animal Adoption Application

Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Address: _____

E-mail: _____

Driver License #: _____ State Issued: _____

Are You Employed? Yes No Place of employment: _____

How did you hear about Franklin Township Animal Shelter? _____

What kind of animal would you like to adopt? _____

Why do you want to adopt an animal? _____

RESIDENCE

Do you own your own residence? Yes No If not, do you rent? Yes No

In what type of housing do you reside? Apartment Condo/Townhouse Private Home

How long have you been at this residence? _____

If you rent please provide landlord's name: _____ Phone Number: _____

HOUSEHOLD MAKEUP

Number of Adults: _____ Number of Children: _____ Ages: _____

Does anyone in your household have allergies now or in the past to animals? _____

Current pets

What kind of pets do you have? _____

Quantity of each pet: _____

Are your pets spayed/neutered: Yes No If no please indicate why not: _____

How will you introduce your new pet to your current pets? _____

What will you do if your current pet does not get along with the new pet? _____

Provide name and phone number for your veterinarian: _____ Phone Number: _____

Past Pets

What kind(s) of pets have you owned in the past: _____

What happened to your past pet?

Died? (when & from what?) _____

Placed in another home (with whom & why?) _____

Lost or ran away? Stolen? _____

Surrendered to shelter? (reason): _____

Euthanized? (reason): _____

Other reasons? _____

New Pets

Who will be responsible for the care of the new adopted animal: _____

How many hours will the new adopted animal be left at home? _____

Where will the new adopted animal spend the majority of his/her time?

Inside of home? Where? _____

Outside of home? Where? _____

Both inside and outside of home? _____

Since most animals have unknown backgrounds, are you will to take your new pet(s) for complete veterinarian exam within 7 days of this adoption and provide any necessary treatment at your expense? Yes No

With my signature below I certify that the statements on this application are true and accurate to the rest of my knowledge.

Applicants Signature: _____ Date: _____

The Franklin Township Animal Shelter Reserves the right to refuse any adoption.

ACO Initials: _____