



TOWNSHIP OF UNION

N THE COUNTY OF UNION

Department of Health and Environmental Protection
1976 MORRIS AVENUE
UNION, NEW JERSEY 07083
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Marconi A. Gapas, Health Officer
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William Strazza, Esq., BOH Attorney

CANINE APPLICATION

Fee: \$175.00

You must be 18 years or older to complete this application

Name _____

Street Address _____ City _____ State _____

Zip _____ Email address: _____

Home Phone _____ Cell Phone _____

Length of time at address _____ Own Rent Live with parents Military

Housing type: House Condo Townhouse Apartment Mobile home

Landlord Name _____ Landlord Phone _____

If you live at home with your parents, please include their contact information

How many people are in the household? _____ Ages of Children _____

If you have or plan to have children, are you aware that for the safety of both the child and animal they must always be supervised? _____

Home Environment: Highly Active/Busy Some Activity Low Activity/Quiet

Do you have a fenced yard? _____ If so, type and height: _____

How will the dog be exercised? _____

Does anyone in your household suffer from animal allergies? _____

Who will be the primary caretaker? _____

Veterinarian _____ Name of Practice _____

Phone Number _____ Permission to Contact? YES NO

How did you hear about our adoption program? Family/Friend Newspaper TV Web Site Other

Have you adopted here in the past? _____ When _____ What _____

Please list the names, contact information, and relationship of 3 personal references:

The basic needs of pets can cost a lot (Dogs average \$500+ a year depending on size). Any health or behavioral problems can increase this amount, as well as grooming needs. Does this financial responsibly present a problem? _____

Are you willing to adopt an elderly or special needs pet? _____

Some pets may take 30 days or longer to adjust to a new environment. Are you willing to give this animal time to adapt to its new home and family? _____

Have you ever taken a pet to a shelter or had to rehome it? YES NO

If yes, please describe the circumstances

Under what circumstances would you find it necessary to give up your pet? _____

Who would be responsible for your pet if you were no longer able to care for it? _____

A pet is a lifetime commitment, how long do you think a dog can live? _____

Where do you primarily intend to keep the dog?

Indoors Outdoors Basement Garage Crate Confined

Where will the dog be kept during the day? _____ *During the night?* _____

How many hours of the day will the dog be alone? _____ *Where will it be kept then?* _____

What is your expectation regarding a shelter dog's obedience training level?

Completely Somewhat Untrained

What behaviors would you have a hard time dealing with? _____

What solutions would you try? _____

Your Ideal Dog:

Breed: _____ *Adult Size:* Small Medium Large No Preference

Coat: Short Medium Long No preference *Sex:* Male Female No Preference

Age: Young Puppy *Older Puppy* Adult Senior No Preference

(0-6months) (6months-1year) (1+years) (7+years)

Activity Level: Very Energetic High Medium Low

Your Current Pets:

Names: _____

Type/Breeds: _____

Sex/Ages: _____ *Spayed/Neutered?* _____

Up to date on vaccinations? _____

Kept: Inside Outside Both

How long have you owned? _____

Your Past Pets (Last 5 years):

Names: _____

Type/Breeds: _____

Sex/Ages: _____ *Spayed/Neutered?* _____

Up to date on vaccinations? _____ *Kept:* Inside Outside Both

What happened? _____

By signing below, you certify that you understand the following:

- The information contained in this application is accurate and not misleading in any way.
- You are a legal adult and will be the legal owner responsible for the pet.
- The Township of Union Animal Shelter reserves the right to contact individuals listed on this form for verification.
- The Township of Union Animal Shelter reserves the right to refuse adoption.

Signature: _____ **Date:** _____