



# TOWNSHIP OF UNION

N THE COUNTY OF UNION

Department of Health and Environmental Protection  
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## TOWNSHIP OF UNION ANIMAL SHELTER GENERIC ADOPTION APPLICATION

*You must be 18 years or older to complete this application*

1. Name: \_\_\_\_\_
2. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
3. Home Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Email address VERY important: Write clearly ([username@host.com](#)): \_\_\_\_\_
6. If you're interested in a particular animal, what is the animals name? \_\_\_\_\_
7. Do you own or rent your residence? If neither explain \_\_\_\_\_
8. What is your landlord or apartment complex contact information? \_\_\_\_\_
9. I also currently live with: Other Adults – How many? \_\_\_\_\_ Children – How many? \_\_\_\_\_  
Age(s) of child(ren) \_\_\_\_\_
10. Do you or anyone in your family/household suffer from pet allergies? If so, explain:  
\_\_\_\_\_
11. Would you describe your home as: \_\_\_ Calm/Quiet \_\_\_ Some activity \_\_\_ Grand Central Station
12. Are you a first time animal owner? \_\_\_ Yes \_\_\_ No
13. What gender are you looking for? \_\_\_ Male \_\_\_ Female \_\_\_ No preference
14. Would your new pet be living with or have any of these as frequent visitors? (Check all that apply): \_\_\_ Children under 10 \_\_\_ Teenagers \_\_\_ Cats \_\_\_ Dogs \_\_\_ Pet birds \_\_\_ Pet Rabbits/Rodents \_\_\_ Other, explain: \_\_\_\_\_
15. Where will your animal be kept during the day? \_\_\_\_\_
16. Where will your pet be kept at night? \_\_\_\_\_

**17. Are you able to afford food and a yearly vet exam (approx. \$50 - \$100) for the animal?**

Yes  No  Not Sure, explain: \_\_\_\_\_

**18. Who will decide what happens to your animal in the event you are no longer able to care for it? (name/relationship/ph#)**

\_\_\_\_\_

**19. Please list pets that you lived within the past 10 years (exclude fish). For each pet please indicate name, age, type/breed, if it was spayed or neutered, how long you owned it, whether you still have it and if not, what happened.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**20. Please provide the name and address of your primary veterinary clinic.**

\_\_\_\_\_

**21. How did you hear about the Township of Union Animal Shelter?** \_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_