



**COUNTY OF BERGEN**  
 DEPARTMENT OF HEALTH SERVICES  
**ANIMAL CENTER**  
 100 United Lane Teterboro, N.J. 07608 (201) 229-4600

# Bergen County Animal Shelter & Adoption Center

## Cat & Small Domestic Adoption Application



So that we may be assured that the pet you wish to adopt is best suited to you, your home, and your lifestyle, and is placed in an environment that is compatible with his/her needs, we ask that you complete this application as truthfully as possible. Our goal is to find a pet for you and your family that will be the perfect companion.

### Before you adopt a pet from BCAS you should know . . .

- **You must complete this application entirely before being eligible to adopt a pet.**
- *Completing this application in no way guarantees that you will be approved to adopt one of our pets. If you are approved for adoption a counselor will meet with you to discuss the specific needs of the pet you are interested in - or to show you another pet that may better meet the needs of your family.*
- **You must be at least 21 years old**, with proof of age, in order to adopt a pet.
- **You must have proof of current address**
- **You must have proof that you own your own home or that landlord/complex allows pets on the premises.**
- **Basic yearly expenses can reach over \$600.00.**

#### ADOPTION FEES

Kittens up to 6 months = \$100.00  
 Cats under 6yrs.of age = \$75.00  
 Cats over 6yrs. of age = \$50.00  
  
 Guinea Pig/Hamster = \$10  
 Rabbit = \$35

#### Forms of Payment

CASH  
 VISA/MASTER /DISCOVER  
 CHECKS  
 MONEY ORDER

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE PROVIDE FOLLOWING TO ASSIST IN YOUR ADOPTION**

(Please check all that apply)

-What type of pet are you interested in adopting?  Cat/Kitten  Rabbit  Guinea Pig  Other: \_\_\_\_\_

-What gender and age animal are you considering?  Male  Female  Any

-If you are interested in adopting a cat or kitten, do you plan on declawing?  Yes  No

-With regard to your residence do you  Own  Rent  Live with your parents (Provide lease or written permission)



-Are there any children living in your home?  Yes  No If yes, what are their ages: \_\_\_\_\_

Are there any other adults living in your home?  Yes  No If yes, whom? \_\_\_\_\_

-What type(s) of pets have you owned in past 5 years?  Dog(s)  Cat(s)  Rabbit(s)  Guinea Pig(s)  Birds  
Other(s): \_\_\_\_\_

-If yes, what happened to them?  Past away  Surrendered  Other: \_\_\_\_\_

-What is the plan for your pet(s) if you can no longer care for them?  
\_\_\_\_\_

Veterinarian's name / phone number: \_\_\_\_\_

Have you ever adopted from The Bergen County Animal Shelter before?  Yes  No - If yes, what happened to That animal(s): \_\_\_\_\_

Are there any other pets living in your home?  yes  no If yes, what types include gender, age, medical issues  
\_\_\_\_\_

Are they spayed or neutered:  yes  no If no, please explain: \_\_\_\_\_

Is this animal intended as a gift?  yes  no If yes, for whom: \_\_\_\_\_

Will this pet live  inside  outside  both: Explain: \_\_\_\_\_

**FOR SHELTER USE ONLY**

\_\_\_\_\_ Lease or proof of home ownership obtained [ ] yes [ ] no

\_\_\_\_\_ ID with address

Driver License last digits: \_\_\_\_\_

\_\_\_\_\_ Whole family here

\_\_\_\_\_ Application reviewed

\_\_\_\_\_ DNA list checked

\_\_\_\_\_ Medical cleared

Application approved: \_\_\_\_\_

Application denied: \_\_\_\_\_

Reason: \_\_\_\_\_