



Township of Ewing

ANIMAL ADOPTION APPLICATION

Municipal Fees:

Dogs: \$75 Cats: \$50

Answer all questions, place N/A where not applicable. This is an official municipal document. Any false or misleading information may be cause for criminal prosecution and/or denial of application. Adoption may be denied at the discretion of the Animal Control personnel.

APPLICANT INFORMATION (please print)

Name: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Driver's License (or ID) Number: _____

Reason for Adoption: ☐ family pet ☐ companionship ☐ protection ☐ other (explain): _____

Have you adopted before? ☐ yes ☐ no *if yes:* Agency Name: _____

Residence: ☐ house ☐ apartment ☐ live with parents ☐ other (explain): _____

Do You: ☐ own ☐ rent *if renting:** Landlord Name: _____ Phone: (_____) _____

Where will the animal be kept? ☐ indoors ☐ outdoors *If outdoors:* ☐ kennel ☐ tied ☐ fenced yard (fence height: _____)

Time at current address: _____ **Ages of children (if any):** _____

References (provide 2): Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

ANIMAL INFORMATION (please print)

Animal Name: _____ Case/Cage #: _____

Will animal be used for breeding? ☐ yes ☐ no **Do you have any pets currently?** ☐ Yes ☐ No **How many?** _____

Have you had this type of pet before? ☐ yes ☐ no *if yes:* ☐ still have ☐ deceased ☐ gave away ☐ ran away ☐ lost ☐ stolen

Is anyone home during the day? ☐ yes ☐ no **How long will the animal be left alone:** _____

VETERINARIAN HISTORY IF APPLICABLE (please print)

Vet Name: _____ Phone: (_____) _____

Pets: name: _____ ☐ dog ☐ cat ☐ other: _____ ☐ spayed/neutered ☐ declawed age: _____

name: _____ ☐ dog ☐ cat ☐ other: _____ ☐ spayed/neutered ☐ declawed age: _____

name: _____ ☐ dog ☐ cat ☐ other: _____ ☐ spayed/neutered ☐ declawed age: _____

PET OWNER RESPONSIBILITY (please initial each statement)

☐ I will include our new pet as a family member and provide proper food, water, and shelter, along with any medical needs it may require.

☐ If adopting a dog, I will keep a collar on the dog at all times with the required license when or if the dog is six (6) months or older.

☐ I will have my pet spayed or neutered within forty-five (45) days of this adoption, or when the pet is no more than six (6) months of age.

☐ I do declare that I am aware that animals are different from humans in their response to human actions; that actions of animals are often unpredictable; animals should be closely supervised when they are with children and other animals.

☐ In signing this agreement, I become the legal owner of the described pet and am not adopting this pet for any other person.

☐ The Township of Ewing makes no warranty or representations regarding the behavior, health, or temperament of animals put up for adoption.

☐ I the undersigned have read, understand, and agree to all the terms of this contract.

☐ I hereby release the Township of Ewing, or its designee, from any and all liability for injuries or damages to person or property caused by said pet.

Signature: _____ **Date:** _____

Shelter staff approval: _____

*All animals adopted from the Ewing Animal Shelter are subject to state and local licensing requirements. We strongly recommend that a veterinarian examine all adopted pets within 5 days of adoption. Fees will be refunded only upon presentation of a written statement from a licensed veterinarian within two (2) weeks of adoption that said animal is medically or temperamentally unsuitable for adoption. *The Ewing Animal shelter will not adopt a pet to a property where there is a prohibition against owning a pet by an owner, landlord, homeowners association, apartment manager, etc.*