



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.*