

Bergen County Animal Shelter & Adoption Center Cat & Small Domestics 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

> > Ferret = \$35

Forms of Payment

CASH
VISA/MASTER DISCOVER
CHECKS
MONEY ORDER



BERGEN COUNTY ANIMAL SHELTER AND ADOPTION CENTER 100 UNITED LANE, TETERBORO, NJ 07608

CAT & SMALL DOMESTICS ADOPTION APPLICATION

NAME:			Today's Date:	
ADDRESS: (Street)				
(Street)		(Town)	(State)	(Zip Code)
TEL: (H)	(C)		EMAIL:	
DRIVER' LIC. State/#:				®
PLEASE PR		/ING INFO TO A lease check all that a	SSIST IN YOUR ADOPT	TON
-What type of pet are you interes	ted in adopting? [] Cat/Kitten [] R	abbit [] Guinea Pig []	Other:
-What gender and age animal are	e you considering?	[] Male []	Female [] Any	
-If you're interested in adopting	a cat or kitten, do y	ou plan on declawin	g? [] Yes [] No	
-With regard to your residence d your parents (Provide lease or v		Rent [] Live with		
-Are there any children living in what are their ages:				PV
Are there any other adults living	in your home? [] Yes [] No If yo	es, whom?:	
-What type(s) of pets have you ov Other(s):	vned in past 5 years	s? [] Dog(s) [] C	at(s) [] Rabbit(s) [] Guin	ea Pig(s) [] Birds
-If yes, what happened to them?	[] Died [] Sur	rendered [] Oth	er:	

	-Will this veterinarian be the
]Yes [] No -If No, please provide the name and phone number of the
veterinarian you plan on using:	
-Are you able to afford veterinary care for the p	et you are adopting? [] Yes [] No
-Have you ever adopted from The Bergen Counanimal(s)?	ty Animal Shelter before? [] Yes [] No - If yes, what happened to that
	[] Yes [] No -If yes, what types, (please include gender, age, re spayed/neutered?
	ft? ? [] Yes [] No -If yes, for whom and why?:
-Will this pet live[] inside or [] outside.	-Do you have a fenced in yard? [] Yes [] No
-If you are adopting a dog are you looking for/to	
-How did you hear about the Bergen County An	nimal Shelter?
	I accept the terms and conditions of the adoption policies provided to me.
	X
	Adopter's Signature
Thank you!	
]	FOR SHELTER USE ONLY
	(Please initial each line)
1. ID with address checked	5. lease or proof of home ownership
2. application reviewed	6. medical cleared
3. DNA list checked	7. dogs temperament evaluation explained
4. whole family here	
APPROVA	LS