



# TOWNSHIP OF UNION

N THE COUNTY OF UNION

Department of Health and Environmental Protection  
1976 MORRIS AVENUE  
UNION, NEW JERSEY 07083  
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## FELINE APPLICATION

**FEE: \$125.00**

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

Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Email address: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Length of time at address \_\_\_\_\_ Own Rent Live with parents Military  
Housing type: House Condo Townhouse Apartment Mobile home  
Landlord Name \_\_\_\_\_ Landlord Phone \_\_\_\_\_

*\*\*If you live at home with your parents, please include their contact information\*\**

How many people are in the household? \_\_\_\_\_ Ages of Children \_\_\_\_\_

*If you have or plan to have children, are you aware that for the safety of both the child and animal they must always be supervised?* \_\_\_\_\_

*Does anyone in your household suffer from animal allergies?* \_\_\_\_\_

Home Environment: Highly Active/Busy Some Activity Low Activity/Quiet

*Who will be the primary caretaker?* \_\_\_\_\_

Veterinarian \_\_\_\_\_ Name of Practice \_\_\_\_\_

Phone Number \_\_\_\_\_ Permission to Contact \_\_\_\_\_

*How did you hear about our adoption program?* Family/Friend Newspaper TV Web Site Other

*Have you adopted here in the past?* \_\_\_\_\_ When \_\_\_\_\_ What \_\_\_\_\_

*Please list the names, contact information, and relationship of 3 personal references:*

*The basic needs of pets can cost a lot (Cats average \$350+ a year). Any health or behavioral problems can increase this amount, as well as grooming needs. Does this financial responsibly present a problem?* \_\_\_\_\_

*Are you willing to adopt an elderly or special needs pet?* \_\_\_\_\_

*Some pets may take 30 days or longer to adjust to a new environment. Are you willing to give this animal time to adapt to its new home and family?* \_\_\_\_\_

*Have you ever taken a pet to a shelter or had to rehome it?* Yes No

*\*\*If yes, please describe the circumstances\*\**

*Under what circumstances would you find it necessary to give up your pet?* \_\_\_\_\_

*Who would be responsible for your pet if you were no longer able to care for it?* \_\_\_\_\_

*A pet is a lifetime commitment, how long do you think a cat can live?* \_\_\_\_\_

*Where do you primarily intend to keep the cat?*

Indoors      Outdoors      Basement      Garage      Crate      Confined

*Where will the cat be kept during the day?* \_\_\_\_\_ *During the night?* \_\_\_\_\_

*How many hours of the day will the cat be alone?* \_\_\_\_\_ *Where will it be kept then?* \_\_\_\_\_

*What behaviors would you have a hard time dealing with?* \_\_\_\_\_

*What solutions would you try?* \_\_\_\_\_

*Are you looking for a declawed cat?* \_\_\_\_\_ *Do you plan to have the cat declawed?* \_\_\_\_\_

*Please describe your understanding of declawing surgery:* \_\_\_\_\_

**Your Ideal Cat:**

*Breed:* \_\_\_\_\_ *Adult Size:* Small    Medium    Large    No Preference

*Coat:* Short    Medium    Long    No preference    *Sex:* Male    Female    No Preference

*Age:* Young Kitten    Older Kitten    Adult    Senior    No Preference

(0-6months)    (6months-1year)    (1+years)    (7+years)

*Activity Level:* Very Energetic    High    Medium    Low

**Your Current Pets:**

*Names:* \_\_\_\_\_

*Type/Breeds:* \_\_\_\_\_

*Sex/Ages:* \_\_\_\_\_ *Spayed/Neutered?* \_\_\_\_\_

*Up to date on vaccinations?* \_\_\_\_\_ *For cats, declawed?* \_\_\_\_\_

*Kept:* Inside    Outside    Both

*How long have you owned?* \_\_\_\_\_

**Your Past Pets (Last 5 years):**

*Names:* \_\_\_\_\_

*Type/Breeds:* \_\_\_\_\_

*Sex/Ages:* \_\_\_\_\_ *Spayed/Neutered?* \_\_\_\_\_

*Up to date on vaccinations?* \_\_\_\_\_ *For cats, declawed?* \_\_\_\_\_

*Kept:* Inside    Outside    Both

*What happened?* \_\_\_\_\_

**By signing below, you certify that you understand the following:**

- The information contained in this application is accurate and not misleading in any way.
- You are a legal adult and will be the legal owner responsible for the pet.
- The Township of Union Animal Shelter reserves the right to contact individuals listed on this form for verification.
- The Township of Union Animal Shelter reserves the right to refuse adoption.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_