



23 BRANDT LANE
PO BOX 24
BLOOMINGDALE, NJ 07403
973-838-2220

PRE-ADOPTION INFORMATION FORM

Animal ID#: _____

Animal Name: _____

Welcome to the Bloomingdale Regional Animal Shelter. The following information is requested so that we can assist you in the selection of a new pet. The animal's welfare is our foremost consideration. The consultation process is designed to help us assist you in finding the pet that is most compatible with your lifestyle.

YOU MUST COMPLETE ALL REQUESTED INFORMATION BELOW IN ORDER TO BE CONSIDERED A VALID ADOPTER.

Name: _____ (First) (Last)
Address: _____ (Street)
_____ (City/Town) (State) (Zip)
Telephone: _____ (Home) (Cell)
Driver's License No.: _____

1. What kind of a pet are you looking for: Puppy Dog Kitten Cat

2. What gender do you prefer: Male Female either

3. What characteristics do you prefer:

Short hair Long hair either

Color Preference: _____

Breed: _____

Outdoor Only Indoor/Outdoor Indoor Only

Personality Type: _____

Explain preferences: _____

4. Have you ever had pets before: YES NO If YES, what kind: _____

5. Do you currently have pets at home: YES NO If YES, what kind: _____

PLEASE LIST ALL PETS THAT YOU HAVE HAD IN THE PAST FIVE (5) YEARS

ANIMAL 1

Type: Dog Cat Other Gender: M F Altered: Yes No Licensed: Yes No

Vaccinated: Yes No Kept where: Inside Outside

Pet's name: _____ Age: _____ Living Deceased

ANIMAL 2

Type: Dog Cat Other Gender: M F Altered: Yes No Licensed: Yes No

Vaccinated: Yes No Kept where: Inside Outside

Pet's name: _____ Age: _____ Living Deceased

ANIMAL 3

Type: Dog Cat Other Gender: M F Altered: Yes No Licensed: Yes No

Vaccinated: Yes No Kept where: Inside Outside

Pet's name: _____ Age: _____ Living Deceased

ANIMAL 4

Type: Dog Cat Other Gender: M F Altered: Yes No Licensed: Yes No

Vaccinated: Yes No Kept where: Inside Outside

Pet's name: _____ Age: _____ Living Deceased

ANIMAL 5

Type: Dog Cat Other Gender: M F Altered: Yes No Licensed: Yes No

Vaccinated: Yes No Kept where: Inside Outside

Pet's name: _____ Age: _____ Living Deceased

5. List name and telephone number of current and/or past vets used.

Veterinarian

Name of practice

Telephone number

6. Name of pet

Last name pet records are under

By signing below, you are giving your veterinarian(s) authorization to release your pet(s) health records to B.A.S.S.

SIGNATURE: _____

DATE: _____

7. How did you acquire your pets:
 Shelter Family/Friend Gift Stray Pet Store Breeder Other _____
8. If applicable, name of shelter: _____
 If applicable, name of pet store/breeder: _____
9. Do any of your current cat(s) have access to outside? Yes No Sometimes
 If SOMETIMES or YES, explain: _____

10. Do you: Rent Own
11. Do you currently lived in a: House Apartment Condo Townhouse
 Other _____
12. How long have you lived at your present address? _____
13. If renting, does your lease allow pets? Yes No
14. Landlord or Association:
 Name: _____
 Telephone: _____
15. How many people live in your household? _____
 List ages of all children: _____
16. Do all the adults know that you plan to adopt? Yes No Gift
17. Do any of the persons listed above have allergies? Yes No
 If YES, please explain: _____

18. Are you financially prepared to give your new pet routine and emergency medical care, such as rabies, vaccinations, inoculations, exams for parasites, ear mites, blood testing when needed, etc.? Yes No
 If NO, explain: _____
19. Are you aware that by adopting a young pet, you are making a 15-20 year commitment? Yes No
 If NO, please explain: _____
20. If you were no longer able to care for your pet(s), what would you do with your pet(s)?

21. Have you ever lost or given away a pet? Yes No
 If YES, please explain: _____
22. How many hours a day will your pet spend: Indoors: _____ hours Outdoors: _____ hours
 Other: _____
23. Where will your pet be kept during the day? _____
 Where will your pet be kept during the night? _____
24. Is there anyone home all day: Yes No
 If NO, how many hours will the pet be left alone in a 24-hour period? _____

25. Where will your pet be kept, when it's alone? _____
26. How did you hear about our adoption services: _____
27. Have you ever adopted from us before: Yes No
 If YES, when _____, what type of pet _____
 where is pet now _____
28. Have you ever brought an animal to us: Yes No
 If YES, please explain: _____
29. If you were moving to a residence that did not allow pets, what would you do with your pets?

30. Do you want your new pet for a (check all that apply): House pet Guard Dog Watch Dog
 Mouser Breeder Gift Companion for you/family Companion for another pet
 Other If Other, please explain: _____

DOG ADOPTION QUESTIONS ONLY

31. How will you keep your dog confined to your property? (Check all that apply.)
 Outdoors Indoors Garage Basement Kennel On chain On leash
 Fenced yard Other
 If Other, please explain: _____
32. Do you have a fenced yard? Yes No
 If YES, how high and what type: _____
33. Do you realize you will probably have to train the dog? Yes No
 If NO, please explain _____

34. Are you familiar with the leash and licensing laws in your community? Yes No Not sure

35. What will you do if the CAT claws furniture OR if the DOG chews furniture or if pet shows other destructive behavior? Please explain: _____

36. Will your kitten or cat be allowed outdoors? Yes No
 If YES, please explain: _____
37. Would you OBJECT to a Visit from a BASS representative either before or after an adoption? Yes No
 If YES, please explain why: _____

By signing below, you certify that you have read, understand, and accept the following:

- A. B.A.S.S. reserves the right to refuse an adoption to anyone.
- B. The information you supplied in this application is accurate and not misleading in any way, and must be completed in order to be considered a valid application/adopter.
- C. B.A.S.S. reserves the right to contact any individuals listed on the form.
- D. The adoption fees are non-refundable in order to help cover the cost of spay/neuter surgery; inoculations and general care for the animals unless there is a documented health or behavioral issue within the first 7 days of an adoption; or a pet exchange can be made.
- E. B.A.S.S. reserves the right to withdraw a pre-adoption if the adopter does not contact the shelter or a volunteer with required and/or additional information requested within 72 hours in order to complete pre-adoption form (unless other arrangements have been agreed upon).
- F. B.A.S.S. reserves the right to withdraw an approved pre-adoption if adopter does not contact the shelter or a volunteer for pick-up arrangements within 72 hours of having been advised by phone (message/verbal) or if the adopter is a “no-show” on scheduled pick-up date the adoption contract is cancelled immediately (unless other arrangements have been agreed upon).

Signature of applicant

Date of application submission

FOR BLOOMINGDALE REGIONAL ANIMAL SHELTER SOCIETY

Signature of B.A.S.S. staff approval

Date of application approval

Notes: _____
