

Livingston Police Department
Gary W. Marshuetz
Chief of Police



LIVINGSTON
NEW JERSEY
DEPARTMENT OF PUBLIC SAFETY



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Livingston Animal Shelter Adoption Application

973-535-0532

The following information is requested so we can assist you in the selection of a new pet. The animal's welfare is our foremost concern. The consultation process is designed to help us assist you in finding the animal most compatible to your lifestyle.

Name of cat(s) interested in: _____
Your Name: _____
Address: _____ City _____
State _____ Zip Code _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail address _____
Proof of Driver's License _____ State: _____ Exp: _____

Please complete all information. By signing below you certify that you understand the following:

1. Livingston Animal Shelter / Friends of the Livingston Animal Shelter reserves the right to refuse adoption to anyone.
2. The information contained within this application is accurate and not misleading to anyone. Falsification of information may result in disqualification of my application and may prevent me from adopting from Livingston Animal Shelter in the future.
3. Livingston Animal Shelter / Friends of the Livingston Animal Shelter reserves the right to contact any individual on this form.
4. I accept the terms of the Adoption Policy provided to me by the Livingston Animal Shelter

Signature _____ Date _____

1. Is this your first experience with a pet? Yes ___ No ___

2. Do you have any other pets at home? Yes ___ No ___

If yes	Type	Age	Name	Altered	Vaccinated	Kept Where
	Dog Cat	___	_____	_____	_____	_____
	Dog Cat	___	_____	_____	_____	_____
	Dog Cat	___	_____	_____	_____	_____

3. If you don't have a cat have you had one in the past? Yes ___ No ___

How long did you have your last cat? _____

What happened to your last cat? _____

4. Who is/was your veterinarian?

Name: _____

Address: _____

Phone No. _____

Approximately when was your last visit? _____

5. How long have you resided at your present address? _____

6. Do you currently live in a House ___ Apartment ___ Other ___

7. Do you Own ___ Rent ___

If you rent, does your lease allow pets: Yes ___ No ___

Landlords name: _____ Phone: _____

8. How many people live in your home?

Name	List Ages if under 18
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do all adults know you plan to adopt Yes ___ No ___

9. Does anyone in your home have any known allergies to animals? Yes ___ No ___

10. Where will the cat be kept during the day and night? _____

11. Is anyone home all day? Yes ___ No ___

If no, how many hours will the cat be left alone in a 24 hour period?

12. Where will the cat be kept when alone? _____

13. Where will the cat be during vacations? _____

14. Are you financially prepared to give your new cat routine medical care such as rabies vaccinations, inoculations, exams for parasites, ear mites, etc.? Yes ___ No ___

15. Are you financially prepared to give the pet emergency care should it be necessary? Yes ___ No ___

16. Would you object to a home visit prior to, visit or call from a Friends of Livingston Animal Shelter volunteer to see how you and your new cat are doing after adoption? Yes ___ No ___

17. If you presently own a cat has it be tested for Feline Aids and Leukemia? Yes ___ No ___

Results of test Positive ___ Negative ___

18. Do you want a cat for (check all that apply:)

- House pet ___ Mouser ___ Breeder ___
- Gift ___ Companion ___ Companion for another pet ___

19. Will the cat be allowed outdoors? Yes ___ No ___

If yes: Where _____ When _____ How long _____

20. Do you plan to declaw the cat? Yes ___ No ___

If yes: Front claws ___ All four claws ___

21. What will you do if the cat claws furniture and shows destructive behavior?

FOR LIVINGSTON ANIMAL SHELTER / FRIENDS OF LIVINGSTON ANIMAL SHELTER USE ONLY:

Vet check:

Landlord check:

Approved: Yes ___ No ___

Reviewed by: _____

Date: _____