

**SOMERSET REGIONAL ANIMAL SHELTER**  
**100 COMMONS WAY**  
**BRIDGEWATER, NJ 08807 Ph: 908-725-0308**  
**Please email updates and pictures to:**  
**info@srasnj.org**

Dog Name: _____	
Breed: _____	
Color: _____	Size: _____
Male or Female _____	Age: _____
Temperament: _____	



## Dog Pre-Adoption Application

Please read the entire application thoroughly making sure to fill it out completely.

Somerset Regional Animal Shelter reserves the right to deny an application, and filling out this application does not guarantee an adoption, nor does it commit you to adopting from our shelter. Once an application is reviewed, references checked, and adoptee requirements fulfilled, you will be contacted within 24-48 hours regarding the status of your application.

The following requirements must be met in order to have your application processed:

- Letter from your landlord, and/or copy of your lease, if you rent, or landlord contact info
- A non-family member reference
- At least 18 years old
- \$520 puppies, \$400 adult dogs adoption fee (cash or Visa/MasterCard/Debit) includes spay/neuter, rabies (if dog is of age), distemper, bordetella, deworming, microchip and martingale collar

Applicant's Name \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If you have children, please list ages: \_\_\_\_\_

Is anyone in your household afraid of Dogs? \_\_\_\_\_

If you answered yes to the above question, how will you introduce a dog into your home? \_\_\_\_\_

How long will the dog be left alone? \_\_\_\_\_

How did you hear about our shelter?  Website  Newspaper  Social Media Other: \_\_\_\_\_

Do you understand that a newly adopted dog will often have a period of adjustment in which he/she may hide and/or may not eat? \_\_\_\_\_

How long do you feel this period of adjustment will normally take? \_\_\_\_\_

Describe the age and breed of dog you are looking for \_\_\_\_\_

Please describe the temperament you are looking for in a dog check all that apply.

High energy    Quiet    Outdoor dog    Mellow    Affectionate    Lap dog

I prefer a dog that (check all that apply):

Will be an only pet                       Gets along with other dogs  
 Gets along with cats                       Gets along with children

I prefer a dog whose energy level is  high    medium    low

Where will the dog be kept?  home    outside    combination

What would cause you to return a dog to us? \_\_\_\_\_

In the event that you can no longer care for your dog, what is your contingency plan regarding the physical, emotional, and financial responsibilities of your dog? \_\_\_\_\_

Please list all current pets in the household (type, breed, age). \_\_\_\_\_

Please list your current/former veterinarian.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you do not have a veterinarian, please list the name of the vet you plan on using once you adopt a dog.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list one personal reference (non-relative).

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

By signing below:

- You are giving Somerset Regional Animal Shelter permission to use the information on this application to contact your references.
- You certify that you have read, understood, agree, and will comply with the Somerset Regional Animal Shelter's adoption policy.
- You certify that the information you have provided us on the form is accurate and truthful.

Please Check if you do not wish to be added to our email list (note we do not sell or share our list)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_