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:_____ Y/M

Temperament:_____

Cash/Credit Amount:_____
Date:_____

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.

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
- ☐ References
- ☐ At least 18 years old
- ☐ $ 425 adoption fee for adult dogs. $525 for puppies under a year, $200 senior dog over 8 years old (fee subject to change). (cash or Visa/MasterCard/Debit) includes spay/neuter, rabies (if dog is of age), distemper, deworming, microchip, collar and leash.
- ☐ I own my home
- ☐ I rent my home

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:_____

How long will the dog be left alone? _____

How did you hear about our shelter? ❑Website ❑Newspaper ❑Billboard ❑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 and use your adoption pictures on our social media pages/website.
- 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 _____