

**New Jersey Department of Health
Animal Population Control Program
SHELTER/POUND ANNUAL REPORT
FOR CALENDAR YEAR: _____**

1. CONTACT INFORMATION

Name of Reporting Shelter/Pound: _____

Street Address: _____

Town: _____ Zip Code: _____

Municipality in which the Facility is licensed: _____ County: _____

Name of Shelter Manager: _____

Telephone Number: _____ Email Address: _____

Veterinarian in charge of disease control at shelter/pound:

Name: _____ Telephone Number: _____

2. ANIMAL INTAKE INFORMATION

Include only live animals entering the facility between January 1 and December 31 or the year for which you are making the report. Do not include animals brought in dead. The "Other" column includes domestic animals only,

	<u>Dogs</u>	<u>Cats</u>	<u>Other</u>
a. Surrendered by Owner	_____	_____	_____
b. Stray/Impounded	_____	_____	_____
c. Total # received from other shelters/ pounds/rescues	_____	_____	_____
1. from within the state	_____	_____	_____
2. from out of state	_____	_____	_____
d. Other (e.g., cruelty investigation cases, animal bite/vicious dog cases)	_____	_____	_____
e. Total [a + b + c + d]	_____	_____	_____

3. ANIMAL OUTFLOW INFORMATION

Include any animal leaving the facility during the calendar year regardless of intake date.

a. Reclaimed by Owner	_____	_____	_____
b. Adopted	_____	_____	_____
c. Euthanized	_____	_____	_____
d. Total # transferred to other shelters/pounds/rescues	_____	_____	_____
1. within the state	_____	_____	_____
2. out of state	_____	_____	_____
e. Other (e.g., escaped, died at shelter, etc.)	_____	_____	_____
f. Total [a + b + c + d + e]	_____	_____	_____

4. ANIMAL INVENTORY/FACILITY CAPACITY

a. Beginning number of animals as of January 1	_____	_____	_____
b. Ending number of animals as of December 31	_____	_____	_____
c. Overall animal capacity at the shelter	_____	_____	_____

**SHELTER/POUND ANNUAL REPORT
(Continued)**

5. Do you require adopted animals to be spayed or neutered?

Yes No

If yes, indicate:

Females Only Both Males and Females

If yes, indicate how you facilitate this:

- Spay/neuter occurs before the animal leaves the facility
 A deposit is collected and refunded with proof of spay/neuter by owner
 Other (describe): _____

6. Do you provide Animal Control Officer (ACO) services?

Yes No

Municipalities with which you have contracts and types of services provided:

(Attach separate sheet, or make additional copies of this page, if necessary)

Municipality	County	ACO Services/ACO Name	Holding/ Impounding
_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/>

7. REPORT PREPARED BY:			
Name (Print or Type)		Title	
Signature		Date	