

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
ANIMAL POPULATION CONTROL PROGRAM

SHELTER/POUND SURVEY
OF STRAY ANIMAL INTAKE AND DISPOSITION
FOR 2008

Name of Reporting Shelter/Pound: _____

Street Address: _____

Town: _____ Zip Code: _____

Telephone Number: _____ County: _____

Shelter Manager: _____

Name of Veterinarian in charge of
disease control at shelter/pound:: _____

Animal Intake Information (Do not include animals brought in dead):

	Dogs	Cats	Other
a. Surrendered by Owner	_____	_____	_____
b. Stray, Impounded	_____	_____	_____
c. Total # transferred in from other shelter/pound	_____	_____	_____
1. from out of state	_____	_____	_____
2. from within the state	_____	_____	_____
d. Other	_____	_____	_____
e. Total	_____	_____	_____

Annual Disposition Information:

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

**SHELTER/POUND SURVEY OF STRAY ANIMAL INTAKE AND DISPOSITION
FOR YEAR 2008
(Continued)**

Do you require adopted animals to be spayed or neutered?

Yes No

If yes, indicate:

Females Only Both Males and Females

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

(Attach separate sheet, if necessary)

Municipality	County	Pick-Up	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"/>
_____	_____	<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"/>

Report Prepared By (Print Name)	Title
Signature	Date