

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

SHELTER/POUND SURVEY
OF STRAY ANIMAL INTAKE AND DISPOSITION
FOR 2007

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 2007
(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"/> |
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| | |
|---------------------------------|-------|
| Report Prepared By (Print Name) | Title |
| Signature | Date |