



ANIMAL BIRTH CONTROL, INC.
ADOPTION APPLICATION
EMAIL TO: AnimalBirthControlNJ@gmail.com

You must be: 21 years of age or older
 Have identification showing your present address
 Have the knowledge & consent of your landlord (if applicable)

Name: _____ Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

E-mail: _____

How long at current address? _____ Rent or Own? _____

How many adults? _____ children? _____ live in your home? Children's ages: _____

Current Employer: _____

Address: _____

Phone: _____ Length of Employment: _____

Will this pet be kept: Inside Only _____ Inside/Outside _____

Do you currently have any other pets & how many? Dogs _____ Cats _____

Have you ever had a pet declawed? Yes ___ No ___ Are they neutered/spayed? Yes ___ No ___

Have you had pets in the past? If yes, what happened to them? _____

Veterinarian's Name, Address & Phone: _____

******* TO BE FILLED OUT BY ABC REPRESENTATIVE *******

Date: _____

Name of Pet: _____ Age: _____ Sex: _____ Spayed/Neutered _____

Description of Pet (color, markings) _____

AUTHORIZED REPRESENTATIVE & PHONE: _____

TO BE SIGNED BY NEW OWNER: I hereby state that if this animal is not suitable or I cannot keep it, I will contact ABC for instructions. I will not give it to anyone else or place it at an animal shelter without the consent of ABC. I will have the animal neutered/spayed at age 4 months if not done so already.

IMPORTANT (PLEASE NOTE) – If the above conditions are not met or if the animal's living conditions do not meet the standards of ABC's Board of Directors, ABC reserves the right to reclaim the animal.

SIGNATURE OF NEW OWNER: _____

DRIVER'S LICENSE # _____ ID checked by: _____