



**ANIMAL BIRTH CONTROL, INC.**  
 Post Office Box 353, Pine Beach, NJ 08741  
**ADOPTION APPLICATION**

**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: \_\_\_\_\_

**ADOPTION CONTRACT** 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: \_\_\_\_\_