

New Jersey Department of Health
Animal Population Control Program
SHELTER/POUND ANNUAL REPORT
FOR CALENDAR YEAR: 2013

1. CONTACT INFORMATION

Name of Reporting Shelter/Pound: CCSPCA & South Jersey Regional Animal Shelter
 Street Address: 1244 N. Delsea Dr.
 Town: Vineland Zip Code: 08360
 Municipality in which the Facility is licensed: Vineland County: Cumberland
 Name of Shelter Manager: Bev Greco
 Telephone Number: (856)691-1500 Email Address: administrator@cumberlandcountyspca.org
 Veterinarian in charge of disease control at shelter/pound:
 Name: Dr. Amy Granato Telephone Number: (856)691-1500

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,

	Dogs	Cats	Other
a. Surrendered by Owner	446	689	68
b. Stray/Impounded	1155	2922	144
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)	85	18	25
e. Total [a + b + c + d]	1686	3629	237

3. ANIMAL OUTFLOW INFORMATION

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

a. Reclaimed by Owner	351	32	3
b. Adopted	647	462	132
c. Euthanized	430	2519	27
d. Total # transferred to other shelters/pounds/rescues	111	547	63
1. within the state	105	427	63
2. out of state	6	120	
e. Other (e.g., escaped, died at shelter, etc.)			
f. Total [a + b + c + d + e]	1539	3560	225

4. ANIMAL INVENTORY/FACILITY CAPACITY

a. Beginning number of animals as of January 1	87	133	8
b. Ending number of animals as of December 31	147	69	12
c. Overall animal capacity at the shelter	58-174	158-316	30

**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
Bridgeton	Cumberland	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Commercial Twnshp	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Downe	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Greenwhich	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hopewell	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fairfield	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Millville	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shiloh	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stow Creek	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Upper Deerfield	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vineland	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alloway	Salem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Carney's Point	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Elmer	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pilesgrove	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pittsgrove	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. REPORT PREPARED BY:		
Name (Print or Type) Beverly J. Greco	Title Executive Director	
Signature 	Date 5/30/14	

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(Continued)**

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Pilesgrove	Salem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Upper Pittsgrove	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Woodstown	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Berlin Boro	Camden	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Waterford	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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