

**New Jersey Department of Health  
Animal Population Control Program  
SHELTER/POUND ANNUAL REPORT  
FOR CALENDAR YEAR: 2014**

**1. CONTACT INFORMATION**

Name of Reporting Shelter/Pound: CCSPCA & South Jersey Regional Animal Shelter  
 Street Address: 1244 N. Delsea Drive  
 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@cumberlandcountypca.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,*

	<u>Dogs</u>	<u>Cats</u>	<u>Other</u>
a. Surrendered by Owner	116	220	211
b. Stray/Impounded	1158	2906	32
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)	70	11	33
e. Total [a + b + c + d]	1344	3137	276

**3. ANIMAL OUTFLOW INFORMATION**

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

a. Reclaimed by Owner	400	24	6
b. Adopted	537	455	117
c. Euthanized	278	1889	53
d. Total # transferred to other shelters/pounds/rescues	256	738	109
1. within the state			
2. out of state			
e. Other (e.g., escaped, died at shelter, etc.)			
f. Total [a + b + c + d + e]			

**4. ANIMAL INVENTORY/FACILITY CAPACITY**

a. Beginning number of animals as of January 1	147	69	12
b. Ending number of animals as of December 31	20	100	3
c. Overall animal capacity at the shelter	58-174	158-316	30

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(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)

<u>Municipality</u>	<u>County</u>	<u>ACO Services/ACO Name</u>	<u>Holding/ Impounding</u>
Bridgeton	Cumberland	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Commercial Township	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Downe	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fairfield	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Greenwhich	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hopewell	"	<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"/>
Carneys 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"/>

<b>7. REPORT PREPARED BY:</b>			
Name (Print or Type)		Title	
Signature		Date	