

New Jersey Department of Health
Animal Population Control Program
SHELTER/POUND ANNUAL REPORT
FOR CALENDAR YEAR: 2015

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@cumberlandcountyspc.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	274	617	70
b. Stray/Impounded	1044	2763	96
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)	73	91	8
e. Total [a + b + c + d]	1391	3471	174

3. ANIMAL OUTFLOW INFORMATION

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

a. Reclaimed by Owner	360	28	12
b. Adopted	556	592	61
c. Euthanized	194	1451	35
d. Total # transferred to other shelters/pounds/rescues	205	1239	61
1. within the state			
2. out of state			
e. Other (e.g., escaped, died at shelter, etc.)			
f. Total [a + b + c + d + e]	1315	3310	169

4. ANIMAL INVENTORY/FACILITY CAPACITY

a. Beginning number of animals as of January 1	20	100	3
b. Ending number of animals as of December 31	76	161	8
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)

Municipality	County	ACO Services/ACO Name	Holding/ Impounding
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"/>

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

