

New Jersey Department of Health
Animal Population Control Program
SHELTER/POUND ANNUAL REPORT
FOR CALENDAR YEAR: 2017

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
 Veterinarian in charge of disease control at shelter/pound: _____ or
 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	220	146	14
b. Stray/Impounded	1060	2413	68
c. Total # received from other shelters/ pounds/rescues			
1. from within the state			
2. from out of state	4		
d. Other (e.g., cruelty investigation cases, animal bite/vicious dog cases)	58	11	1
e. Total [a + b + c + d]	1342	2570	83

3. ANIMAL OUTFLOW INFORMATION

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

a. Reclaimed by Owner	398	34	3
b. Adopted	522	547	12
c. Euthanized	107	761	16
d. Total # transferred to other shelters/pounds/rescues	267	1229	50
1. within the state			
2. out of state			
e. Other (e.g., escaped, died at shelter, etc.)	4	81	
f. Total [a + b + c + d + e]	1298	2395	81

4. ANIMAL INVENTORY/FACILITY CAPACITY

a. Beginning number of animals as of January 1	39	196	2
b. Ending number of animals as of December 31	83	114	2
c. Overall animal capacity at the shelter	58-174	158-316	

**SHELTER/POUND ANNUAL REPORT
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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 TWP	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DOWNE TOWNSHIP	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FAIRFIELD TOWNSHIP	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GREENWICH TWP	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HOPEWELL TWP	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MILLVILLE	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SHILOH BOROUGH	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STOW CREEK TWP	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UPPER DEERFIELD TWP	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VINELAND	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ALLOWAY TWP	SALEM	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CARNEYS POINT	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ELMER BOROUGH	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PILESGROVE TWP	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PITTSGROVE TWP	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

SHELTER/POUND ANNUAL REPORT
(Continued)

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Salem City	Salem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Woodstown Borough	"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

7. REPORT PREPARED BY:	
Name (Print or Type) Beverly J. Greco	Title Executive Director
Signature 	Date March 15, 2018