New Jersey Department of Health Animal Population Control Program

SHELTER/POUND ANNUAL REPORT FOR CALENDAR YEAR: 2021

1. CONTACT INFORMATION

| Name of Reporting Shelter/Pound: South Jersey | Regional Animai | Sneiter | |
|---|------------------------------|--------------------------|----------------------|
| Street Address: 1244 N Delsea Drive | | | |
| Town: Vineland | Zi | o Code: 08360 | |
| Municipality in which the Facility is licensed: Vineland | | County: Cumbe | rland |
| Name of Shelter Manager: Beverly Greco | | | |
| Telephone Number: 856-691-1500 | Email Address: Direct | or@SJRAS.org | <u> </u> |
| Veterinarian in charge of disease control at shelter/pound | d: | | |
| Name: Lisa Mazzochi | Telephone Number: | 856-691-150 | 0 |
| 2. ANIMAL INTAKE INFORMATION Include only live animals entering the facility between January 1 and E making the report. Do not include animals brought in dead. The "Oth | | | |
| a. Surrendered by Owner b. Stray/Impounded c. Total # received from other shelters/ pounds/rescues 1. from within the state | Dogs 180 727 | Cats 331 2031 | Other 44 121 1 |
| 2. from out of stated. Other (e.g., cruelty investigation cases, animal bite/vicious dog cases) | 58 | 107 | 53 |
| e. Total [a + b + c + d] 3. ANIMAL OUTFLOW INFORMATION Include any animal leaving the facility during the calendar year regal a. Reclaimed by Owner | 965 rdless of intake date399 | | 1 |
| b. Adopted c. Euthanized 1. Directed Euthanasia (court, bite, etc.) d. Total # transferred to other shelters/pounds/rescues | 386 28 21 77 | 808 255 1 1098 | 115 10 7 62 |
| within the state out of state Other Live Outflow (return to field) Other (e.g., escaped, died at shelter, etc.) | 48 29 22 | 894 204 152 80 | |
| g. Total [a + b + c + d + e + f] | 931 | 2422 | 219 |
| 4. ANIMAL INVENTORY/FACILITY CAPACITY a. Beginning number of animals as of January 1 b. Ending number of animals as of December 31 c. Overall animal capacity at the shelter APC-12 | | <u>131</u> <u>178</u> | <u>3</u> |

MAR 13

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 |
|-------------------|------------|-----------------------|------------------------|
| Vineland | Cumberland | | ✓ |
| Bridgeton | Cumberland | | ✓ |
| Commercial | Cumberland | | ✓ |
| Deerfield | Cumberland | | ✓ |
| Downe | Cumberland | | ✓ |
| <u>Fairfield</u> | Cumberland | | ✓ |
| Greenwich | Cumberland | | \checkmark |
| Hopewell | Cumberland | | ✓ |
| Lawrence | Cumberland | | ✓ |
| Maurice River | Cumberland | | ✓ |
| Millville | Cumberland | | ✓ |
| Shiloh | Cumberland | | ✓ |
| Stowecreek | Cumberland | | ✓ |
| Upper Deerfield | Cumberland | | ✓ |
| | | | |
| Carney's Point | Salem | | ✓ |
| Pennsgrove | Salem | | \checkmark |
| <u>Pittsgrove</u> | Salem | | \checkmark |
| Salem | Salem | | \checkmark |
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