

New Jersey Department of Health
Animal Population Control Program

**SHELTER/POUND ANNUAL REPORT
FOR CALENDAR YEAR: 2022**

1. CONTACT INFORMATION

Name of Reporting Shelter/Pound: 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: Jessica Morrison

Telephone Number: 856-691-1500 x 116 Email Address: director@sjras.org

Veterinarian in charge of disease control at shelter/pound:

Name: Dr. Lisa Mazzochi 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	<u>69</u>	<u>312</u>	<u>25</u>
b. Stray/Impounded	<u>936</u>	<u>1923</u>	<u>30</u>
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)	<u>215</u>	<u>294</u>	<u>5</u>
e. Total [a + b + c + d]	<u>1220</u>	<u>2529</u>	<u>60</u>

3. ANIMAL OUTFLOW INFORMATION

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

a. Reclaimed by Owner	<u>477</u>	<u>25</u>	<u>9</u>
b. Adopted	<u>496</u>	<u>922</u>	<u>25</u>
c. Euthanized	<u>85</u>	<u>308</u>	<u>8</u>
1. Directed Euthanasia (court, bite, etc.)	<u>5</u>	<u>3</u>	
d. Total # transferred to other shelters/pounds/rescues	<u>95</u>	<u>1040</u>	<u>20</u>
1. within the state	<u>63</u>	<u>870</u>	<u>20</u>
2. out of state	<u>32</u>	<u>170</u>	
e. Other Live Outflow (return to field)		<u>98</u>	
f. Other (e.g., escaped, died at shelter, etc.)	<u>8</u>	<u>141</u>	<u>1</u>
g. Total [a + b + c + d + e + f]	<u>1166</u>	<u>2537</u>	<u>63</u>

4. ANIMAL INVENTORY/FACILITY CAPACITY

a. Beginning number of animals as of January 1	<u>71</u>	<u>178</u>	<u>3</u>
b. Ending number of animals as of December 31	<u>125</u>	<u>170</u>	<u>0</u>
c. Overall animal capacity at the shelter			

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bridgeton	Cumberland	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Commercial	Cumberland	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Deerfield	Cumberland	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Downe	Cumberland	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fairfield	Cumberland	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Greewich	Cumberland	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hopewell	Cumberland	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lawrence	Cumberland	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Maurice River	Cumberland	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Millville	Cumberland	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shiloh	Cumberland	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stowecreek	Cumberland	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Upper Deerfield	Cumberland	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Carney's Point	Salem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pennsgrove	Salem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pittsgrove	Salem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Salem	Salem	<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"/>

7. REPORT PREPARED BY:	
Name (Print or Type) Jessica Morrison	Title Executive Director
Signature	Date 4/29/2023