

New Jersey Department of Health  
Animal Population Control Program

**SHELTER/POUND ANNUAL REPORT  
FOR CALENDAR YEAR: 2013**

**1. CONTACT INFORMATION**

Name of Reporting Shelter/Pound: ASSOCIATED HUMANE SOCIETIES, INC  
 Street Address: 124 EVERGREEN AVENUE  
 Town: NEWARK Zip Code: 07114  
 Municipality in which the Facility is licensed: NEWARK County: ESSEX  
 Name of Shelter Manager: BRIAN BRADSDHAW  
 Telephone Number: 973-824-7080 Email Address: BBRADSHAW@AHSPZ.ORG  
ASSOCIATEDHumane@AOL.COM  
 Veterinarian in charge of disease control at shelter/pound:  
 Name: RHONDA SESSONS, DVM Telephone Number: 973-643-0451

**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	837	532	23
b. Stray/Impounded	1355	2072	43
c. Total # received from other shelters/ pounds/rescues			
1. from within the state	13	3	2
2. from out of state			
d. Other (e.g., cruelty investigation cases, animal bite/ vicious dog cases)	106	101	
e. Total [a + b + c + d]	2359	2708	68

**3. ANIMAL OUTFLOW INFORMATION**

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

a. Reclaimed by Owner	12% 301	1% 31	5
b. Adopted	38% 897	35% 970	10
c. Euthanized	26% 620	44% 1204	4
d. Total # transferred to other shelters/pounds/rescues			
1. within the state	11% 276	5% 150	25
2. out of state	276	150	25
e. Other (e.g., escaped, died at shelter, etc.)	4% 48	5% 90	
f. Total [a + b + c + d + e]	2142	2445	44

**4. ANIMAL INVENTORY/FACILITY CAPACITY**

a. Beginning number of animals as of January 1	300	225	63
b. Ending number of animals as of December 31	9% 217	10% 263	24
c. Overall animal capacity at the shelter	300	300	65

**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
BELLEVILLE	ESSEX	<input checked="" type="checkbox"/> ORLANDO DELGADO	<input checked="" type="checkbox"/>
CARTERET	MIDDLESEX	<input checked="" type="checkbox"/> ALVIS CARRINGTON	<input checked="" type="checkbox"/>
EAST NEWARK	ESSEX	<input checked="" type="checkbox"/> ORLANDO DEGADO	<input checked="" type="checkbox"/>
ESSEX COUNTY PARKS	ESSEX	<input checked="" type="checkbox"/> ALL DRIVERS LISTED	<input checked="" type="checkbox"/>
FAIRFIELD	ESSEX	<input checked="" type="checkbox"/> MIKE FOWLER	<input checked="" type="checkbox"/>
GUTTENBERG	HUDSON	<input checked="" type="checkbox"/> ORLANDO DELGADO	<input checked="" type="checkbox"/>
HILLSIDE	ESSEX	<input checked="" type="checkbox"/> MIKE FOWLER	<input checked="" type="checkbox"/>
IRVINGTON	ESSEX	<input checked="" type="checkbox"/> MIKE FOWLER	<input checked="" type="checkbox"/>
KENILWORTH	UNION	<input checked="" type="checkbox"/> ALVIS CARRINGTON	<input checked="" type="checkbox"/>
LONG HILL	MORRIS	<input checked="" type="checkbox"/> ALVIS CARRINGTON	<input checked="" type="checkbox"/>
NMOUNTAINSIDE	UNION	<input checked="" type="checkbox"/> ORLANDO DELGADO	<input checked="" type="checkbox"/>
NEWARK	ESSEX	<input checked="" type="checkbox"/> ORLANDO DELGADO	<input checked="" type="checkbox"/>
NJ TURNPIKE AUTHORITY		<input checked="" type="checkbox"/> ALL DRIVERS LISTED	<input checked="" type="checkbox"/>
ORANGE	ESSEX	<input type="checkbox"/> ORANGE ACO OR AHS ACO	<input checked="" type="checkbox"/>
PLAINFIELD	ESSEX	<input checked="" type="checkbox"/> ALVIS CARRINGTON	<input checked="" type="checkbox"/>
UNION COUNTY PARKS	UNION	<input checked="" type="checkbox"/> ALL DRIVERS LISTED	<input checked="" type="checkbox"/>

**7. REPORT PREPARED BY:**

Name (Print or Type)	Title	
Signature	Date	

