

# Welcome to the **Humane Society of Jackson County!**

Thank you for choosing our shelter! We want you to be happy with your new furry friend, so let us help you make a match that will last a lifetime. The information below will help determine which pet is most compatible with your lifestyle. To begin the adoption process, you will need to verify the following:



Please initials  
each line to verify.

- \_\_\_\_\_ Be at least 21 years of age.
- \_\_\_\_\_ Have consent of all adults in your home.
- \_\_\_\_\_ Have valid identification
- \_\_\_\_\_ Pets will be placed in compatible homes.
- \_\_\_\_\_ We do not adopt on a first come, first served basis.

## PLEASE PRINT

Last Name \_\_\_\_\_ M.I. \_\_\_\_\_ First Name \_\_\_\_\_

Spouse or Roommate's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Place of Employment \_\_\_\_\_

It's okay to contact me via email.  Yes  No Have you applied or adopted from us before?  Yes  No

Landlord's Name \_\_\_\_\_ Area code/Phone \_\_\_\_\_

Please tell us how you heard about our organization. \_\_\_\_\_

Please list all of your current pets AND pets you've had in the last 5 years.

Name	Species	Sex / Age	Spayed or Neutered?	Kept Where?	Still have? If not, why?
_____	_____	_____	Yes / No	_____	_____
_____	_____	_____	Yes / No	_____	_____
_____	_____	_____	Yes / No	_____	_____
_____	_____	_____	Yes / No	_____	_____
_____	_____	_____	Yes / No	_____	_____

Are your pets current on vaccinations?  Yes  No Are your dogs currently on heartworm prevention?  Yes  No

Who's your primary veterinarian? \_\_\_\_\_ Phone \_\_\_\_\_

What name are the pet records under? \_\_\_\_\_ When was your pet's last visit? \_\_\_\_\_

How much do you anticipate spending annually on food, medical expenses, licensing, and other pet needs? \_\_\_\_\_

Do you plan on spaying or neutering your pet? If no, why not? \_\_\_\_\_

If you move, what will you do with your pet(s)? \_\_\_\_\_

Who will care for your pet(s) should you go away on vacation? \_\_\_\_\_

Do you travel frequently? YES NO

If so, who will care for your pet(s) while you are away? \_\_\_\_\_

How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your pet? \_\_\_\_\_

Do you plan on spaying and neutering your pet? YES NO

Please explain why \_\_\_\_\_

Does any member of your household have allergies to animals? YES NO

If yes, how severe is the allergy? \_\_\_\_\_

This pet will be without human companionship about \_\_\_\_\_ hours per day.

How many members in your household? \_\_\_\_\_ adults \_\_\_\_\_ Children/Ages \_\_\_\_\_

Which member of your household will be primarily responsible for your pet for the following:

Feeding \_\_\_\_\_ Training \_\_\_\_\_ General Care \_\_\_\_\_

You live in a (please circle) House Apartment Condo Dorm Mobile Home

You live with (please circle) Parents I Rent I Own Other

Please tell us why you would like to adopt an animal from us. Circle all that apply:

Gift Watchdog Companion To breed Hunting Mouser For a child Personal Protection

Have you ever brought an animal to the shelter? YES NO

If yes, for what reason? \_\_\_\_\_

Are you familiar with the pet responsibility laws in your municipality? YES NO

What times would be convenient for a representative of humane society to come to your home to check on the animal's well being?

It may take your pet up to a month or longer if other pets are involved to adjust to its new home.

Are you prepared to allow it this much time? YES NO

Please provide two non-related references, providing phone numbers where they can be reached during the hours of 9 a.m. - 5 p.m.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please provide a veterinary reference:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Depending on the clinic, you may have to call their office to release your pet's record.

**IF YOU ARE INTERESTED IN ADOPTION A DOG, PLEASE FILL OUT THIS SECTION**

Do you have a fenced in yard?      YES      NO

If fenced, please describe \_\_\_\_\_

Where will you exercise your dog? \_\_\_\_\_

Will you use a leash to walk your dog? \_\_\_\_\_

If you are adopting an adult dog, how many times a day will you exercise your dog and for how long each time?

\_\_\_\_\_

Are you familiar with the needs of the breed that you have chosen?      YES      NO

If you are adopting a puppy, how do you plan to housebreak? \_\_\_\_\_

\_\_\_\_\_

How do you plan to prevent behavior problems such as:

Aggressive behavior? \_\_\_\_\_

Barking? \_\_\_\_\_

Housebreaking? \_\_\_\_\_

Chewing? \_\_\_\_\_

Digging? \_\_\_\_\_

Do you plan to take your dog to training classes?      YES      NO

If yes, what type? \_\_\_\_\_

Where will your dog be kept during the day? \_\_\_\_\_ During the night? \_\_\_\_\_

Where will your dog be kept when left alone? \_\_\_\_\_

What type of identification do you plan to place on your dog? \_\_\_\_\_

What type of food do you intend to feed your dog? \_\_\_\_\_ How often? \_\_\_\_\_

Dogs often live more than 15 years.

Are you ready to be responsible for the pet's entire life?      YES      NO

Was your entire family out while selecting your new pet?      YES      NO \_\_\_\_\_

**IF YOU ARE INTERESTED IN ADOPTION A CAT, PLEASE FILL OUT THIS SECTION**

Where will your cat be kept during the day? \_\_\_\_\_ During the night? \_\_\_\_\_

Do you plan to let your cat exercise outdoors?      YES      NO

How will you train your cat to:

Stay off counters and tables? \_\_\_\_\_

Leave plants alone? \_\_\_\_\_

Not claw the furniture? \_\_\_\_\_

Use the litter box? \_\_\_\_\_

What type of identification do you plan to place on your cat? \_\_\_\_\_

Do you intend to declaw?      YES      NO      If Yes (circle one):      Front Paws      All Paws      Unsure  
What type of food do you intend to feed your cat? \_\_\_\_\_ How often? \_\_\_\_\_

Cats often live more than 15 years.

Are you ready to be responsible for the pet's entire life?      YES      NO

Was your entire family out while selecting your new pet?      YES      NO \_\_\_\_\_

**ALL APPLICANTS SHOULD READ AND SIGN BELOW**

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that the Humane Society has the right to deny my request to adopt an animal and I authorize the Humane Society to follow-up on the information in my application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL INFORMATION CONTAINED IN THIS APPLICATION WILL REMAIN CONFIDENTIAL AND THE PROPERTY OF THE HUMANE SOCIETY**

**FOR OFFICE USE**

Adoption Counselor \_\_\_\_\_ Date \_\_\_\_\_

Adoption kit given out:      YES      NO

Call back card given out:      YES      NO      Day and time told to call back \_\_\_\_\_

Impound number \_\_\_\_\_ Description of animal \_\_\_\_\_

Landlord verification \_\_\_\_\_

Veterinarian reference \_\_\_\_\_

Personal reference \_\_\_\_\_

Personal reference \_\_\_\_\_

Humane Society records \_\_\_\_\_

Approved      Pending      Denied      Date \_\_\_\_\_

Arranged pick up time \_\_\_\_\_ Animal bathed      YES      No

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_