

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.

CONTACT INFORMATION

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

Please tell us how you heard about our organization. _____

YOUR HOUSEHOLD

DO YOU.....?

- Live with your parents Own your home
- Rent or lease Military housing

Landlord name _____

Phone _____

Size or breed restrictions _____

YOUR HOME

- Apartment/Condo Home w/ small yard
- Mobile home/RV Home w/ large yard
- Large property / farm

Are you familiar with the animal control ordinances for your area?

Yes No

What times are convenient to follow-up on the adoption?

Select reason(s) you are interested in adoption:

- Companion To breed
- Watchdog To hunt
- Personal protection Mouser
- Gift If yes, for whom _____

Is anyone in your home allergic to animals? Yes No

Have you ever brought a pet to the shelter? Yes No

If yes, for what reason? _____

It may take your new pet up to a month of longer to adjust to your home. Are you prepared to allow this much time?

Yes No

Dogs and cats often live more than 15 years. Are you prepared to be responsible for your new pet's entire life?

Yes No

IF INTERESTED IN ADOPTING A DOG, COMPLETE THIS PAGE

Ideal Breed Type/Mix

ADULT SIZE

- 0 to 20 lbs (Small)
- 20 to 50 lbs (Medium)
- 50 to 100 lbs (Large)
- Over 100 lbs (Giant)

COAT

- Short / medium
- Long
- Non-shedding
- No preference

AGE

- Puppy, 8 - 16 weeks
- Young, 4 - 12 months
- Adult, 1 - 5 years
- Mature, 5+ years
- No preference

GENDER

- Male
- Neutered male
- Female
- Spayed female
- No preference

TRAINING

- Willing to train
- Housetrained
- Some training
- Fully-trained

ACTIVITY LEVEL

- Couch potato
- Walking buddy
- Active and playful
- Star athlete

DOG EXPERIENCE

- First-time pet owner
- Have had 1 or 2 dogs
- Experienced
- Professional training

EXERCISE

- Play time in yard
- Walking
- Jogging / fetch
- Agility training / sporting

of Family Members

Ages of Children

ATMOSPHERE

- Serene, Zen-garden
- Active and on-the-go
- Grand Central Station
- World traveler

TIME AWAY

- Home all day
- Away part-time
- Away 7 to 10 hours
- Can bring dog to work

MY DOG WILL...

- Live indoors
- Live indoors / outdoors
- Live outdoors only
- Live in garage / barn

WHERE WILL YOUR DOG BE KEPT...

DAY

- Fenced yard
- Kennel on property
- Walk on leash
- Tethered out
- Loose on property

NIGHT

- Fenced yard
- Kennel on property
- Walk on leash
- Tethered out
- Loose on property

Other _____

WHO WILL BE RESPONSIBLE FOR...

Feeding and watering _____

Exercise _____

Obedience training _____

Veterinary bills _____

HOW WILL YOU PREVENT THE FOLLOWING BEHAVIORAL ISSUES

Aggressive behavior? _____

Barking? _____

Housebreaking? _____

Chewing? _____

Digging? _____

If adopting a puppy, how will you potty train? _____

IF INTERESTED IN ADOPTING A CAT, COMPLETE THIS PAGE

Ideal Breed Type/Mix

SIZE

0 to 20 lbs (Small)

COAT

Short / medium

Long

Non-shedding

No preference

AGE

Kitten, 16 weeks

Young, 4 - 12 months

Adult, 1 - 5 years

Mature, 5+ years

No preference

GENDER

Male

Neutered male

Female

Spayed female

No preference

TRAINING

Willing to train

Litter box trained

ACTIVITY LEVEL

Laid back, lap cat

Active and playful

Frisky and feisty

DE-CLAWING

I plan to get my cat de-clawed, front paws

I plan to get my cat de-clawed, four-paws

I do not want to get my cat de-clawed

I do not want to get my cat de-clawed, but I would like to adopt one that is already done.

of Family Members

Ages of Children

ATMOSPHERE

Serene, Zen-garden

Active and on-the-go

Grand Central Station

World traveler

TIME AWAY

Home all day

Away part-time

Away 7 to 10 hours

Can bring cat to work

MY CAT WILL...

Live indoors

Live indoors / outdoors

Live outdoors only

Live in garage / barn

WHERE WILL YOUR CAT BE KEPT...

DAY

NIGHT

Inside

Outside

Garage

Barn

Other_____

Inside

Outside

Garage

Barn

WHO WILL BE RESPONSIBLE FOR...

Feeding and watering_____

Exercise_____

Obedience training_____

Veterinary bills_____

HOW WILL YOU TRAIN YOUR CAT TO...

Stay off counters and tables?_____

Leave plants alone?_____

Not claw the furniture?_____

Use the litter box?_____

CURRENT and PAST PETS

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

Name	Species	Sex / Age	Spayed or Neutered?	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 _____

Depending upon the clinic, you may have to call their office and release your records.

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? _____

FOOD

- Wet or canned food Combination of wet and dry
 Dry food Brand _____

How often? _____

IDENTIFICATION

- ID Tag Rabies tag
 Microchip Other _____

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 _____

By signing below, I certify that the information I have given is true and I authorize JC Humane to follow-up on the information in my application. JC Humane has the right to deny or approve my request to adopt an animal.

Signature _____ Date _____

All information contained in this application will remain confidential and the property of JC Humane.

FOR OFFICE USE

Notes: _____

