



Jackson County Animal Shelter

3370 Spring Arbor Rd, Jackson, MI 49203
Phone: 517-788-4464 Fax: 517-780-4750



Animal ID: _____
Name: _____
Dog Cat

Please Note: JCAS cannot guarantee the health, behavior, temperament, age or breed of any animal adopted.

I am interested in : (Circle one) Dog / Cat / Other Animal's Name: _____

Last Name: _____ First Name: _____ DOB: _____

Street Address: _____ City: _____ Zip: _____

County: _____ Phone Number: () _____ Email: _____

Place of Employment: _____ Work Phone: () _____

Numbers of adults in the household: _____ Ages of any children: _____

Do all members of the household agree with this adoption: Yes No Not Sure

Have you or anyone in your household ever been charged or convicted of animal cruelty, dog fighting or related experience? No Yes, Please explain: _____

Is your residence a: House Apartment Condo/Townhouse Mobile Home

Do you: Own Rent Live with homeowner relative/friend Other: _____

How long have you lived here? _____ Do you plan to move in the next year? Yes No

If renting or living with homeowner:

Name of Landlord: _____ Phone number: _____

Do you have written permission that you can have *this specific pet* at the above mentioned residence?

Yes No I will get written permission

Do you have a fully fenced yard? No Yes, Type & Height: _____

Have you ever given a pet away or surrendered it to a shelter? No Yes, explain: _____

Please list your current pets and appropriate information for each:

<u>Pet's Name</u>	<u>Breed/Type</u>	<u>Age</u>	<u>M/F</u>	<u>Spayed/Neutered</u>	<u>Lives Inside/Outside?</u>
_____	_____	_____	M / F	Yes / No	Inside / Outside / Both
_____	_____	_____	M / F	Yes / No	Inside / Outside / Both
_____	_____	_____	M / F	Yes / No	Inside / Outside / Both
_____	_____	_____	M / F	Yes / No	Inside / Outside / Both

Are all of your pets current on vaccinations? Yes No, why? _____

Name of veterinarian: _____ Date & reason of last veterinarian visit: _____

Which best describes your reasons for wanting this pet: Companion for self Guard Dog

Gift for someone else Child wants it Hunting / Mouser Breeding Other: _____

Who will be responsible for caring for this pet? Self Spouse Children

On a daily basis, how many hours a day will the pet spend outside? _____

How many hours a day will the pet be left alone and where will it be kept? _____

How will you provide for the daily exercise needs for this pet? Daily leash walks/jogs

Off leash dog park Games/Play Other: _____

Under what conditions would you no longer keep this pet? Excessive barking Moving
 Shedding Occasional accidents in the house New baby Biting Other: _____

What is your experience with this type of pet? No experience Owned this breed before
 Currently own this breed Owned this species (dog / cat) before Other: _____

Please list 2 personal references (name & phone number) that we may contact:

1.) _____ 2.) _____

ADOPTOR MUST INITIAL EACH STATEMENT BELOW:

- _____ I agree to provide this pet with proper food, water, shelter, exercise, and **veterinary care**.
- _____ I am aware of the financial cost of caring for this animal and am capable of providing such care.
- _____ I understand that once I adopt this animal, I am responsible for any and all medical care needed and that JCAS will NOT assume any responsibility for any medical expenses for this animal.
- _____ I understand that adopting a new pet into a home with children comes with additional responsibility of properly supervising children and pets. I agree to not leave any child unsupervised around this pet.
- _____ I understand there is no guarantee this pet is housebroken or litter box trained.
- _____ I understand that behavioral issues may arise with a new pet and JCAS recommends I seek professional care and / or training under such circumstances.
- _____ I understand that this pet may have been unwanted, lost, or rescued from a dangerous or unhealthy situation. JCAS has limited information about an animal's history and cannot make any warranties about the condition, personality or temperament of the pet. All dogs are evaluated by a representative of JCAS, but that does not guarantee its temperament or compatibility with you or any members of your household.
- _____ I understand that JCAS, volunteers, officers, or staff are not liable for any claims, legal actions, losses, injuries, damages, expenses, or liabilities whatsoever in connection with this adoption or ownership of this pet.

What questions or concerns do you have regarding this adoption? _____

I have answered the screening questions truthfully and to the best of my ability. I understand that misrepresentation is grounds for denying this and future adoptions.

Applicant Signature

Date

JCAS reserves the right to refuse an adoption if the applicant(s) have a history of multiple relinquishments and or animals that have been lost or killed.

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Office Use Only: Approved Approved Pending: _____

Declined, Reason: _____

Comments:

Adoption Counselor Signature