

The Jackson-Madison County Humane Society

3107 Paul Coffman Drive

731-422-5366

ADOPTION APPLICATION

Animal's Name: _____

Today's Date: _____

Thank you for choosing to adopt your new pet from the Jackson Madison County Humane Society. The following application is designed so the adoption agent can assist you in the selection of your new pet. The animal's welfare is our foremost consideration. The consultation is designed to help us determine if the adoption is in the animal's best interest and to assist you in finding an animal most compatible with your lifestyle.

In order to be considered for adoption you must

- Be 18 years of age or older
- Have a picture ID showing your present address
- Have the knowledge and consent of your landlord
- Be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet
- Completely fill out the application

The JMCHS reserves the right to check references by phone, deny adoptions, or conduct pre- and post-adoption home visits to see that the needs of the adopted animals are met. No animals will be adopted to prospective owners who mislead or fail to provide accurate information on the adoption application.

1. Name _____
2. Street address (no P.O. Boxes) _____
3. City _____ State _____ Zip _____
4. Home phone _____ Cell _____ Work _____
5. E-mail address _____

Please complete the following questionnaire. Upon completion it will be reviewed by one of our adoption agents.

6. What kind of pet are you here to adopt? _____ Dog _____ Puppy _____ Cat _____ Kitten _____ Other
7. Why do you want a pet?

8. Is this your first experience with this type of pet? _____ Yes _____ No
9. Do you have any preference as to breed, type, sex, size, length of hair, etc.? _____ Yes _____ No
If so, what are your preferences? _____

Why do you prefer this? _____

5. Please list all pets that *currently* live in your household.

<u>Type of pet</u>	<u>Is this pet spayed/neutered?</u>	<u>Where was it kept?</u>	<u>Age of pet?</u>
--------------------	-------------------------------------	---------------------------	--------------------

- 1.
- 2.
- 3.
- 4.

6. Please list any other pets that you have owned in the past 5 years other than those listed above.

<u>Type of pet</u>	<u>Spayed/neutered?</u>	<u>Where was it kept?</u>	<u>Age of pet?</u>	<u>What happened?</u>
--------------------	-------------------------	---------------------------	--------------------	-----------------------

- 1.
- 2.
- 3.
- 4.

7. Who is your current veterinarian? _____ What is the name of the clinic?
_____ What is the address and telephone number? _____

8. Do you currently live in a _____ house _____ apartment _____ condo _____ mobile home _____ duplex
9. Do you own or rent your home? _____ own _____ rent
10. If you rent, what is your landlord's name and phone number ? _____
11. What is your landlord's pet policy?

12. How long have you lived at the above address? _____
13. In the event that you move, what will you do with your pet? _____
14. How many people live in your household? _____ Do all adults know that you plan to adopt? _____
If there are children living in your household what are their ages? _____
15. Does anyone living in your household have any known allergies to animals? _____
16. Who will be responsible for this pet? _____ If that person is unable to care for the pet, who will then take responsibility?

17. Where will this pet be kept during the day? _____
18. Where will this pet be kept at night?

19. How many hours a day will this pet be without human companionship? _____
20. Where will this pet be kept when it is alone?

21. Do you plan on spaying or neutering your new pet? _____ Why or why not? _____
22. How did you hear about our adoption services?

Dog Adoptions Only

23. Do you want a dog for _____ house pet _____ guard dog _____ watch dog _____ companion _____ gift
_____ company for another pet _____ other - please explain
24. Do you have a fenced yard? _____ If yes, how high? _____
25. Do you realize that you will have to housetrain your new dog? _____ Would you like information on how to housetrain your new pet? _____
26. Are you familiar with heartworm disease? _____ Would you like information on heartworm disease and its prevention? _____
27. Are you familiar with the leash and licensing laws of your community? _____
28. What will you do if your new dog chews the furniture or show destructive behavior? _____
29. How will you keep your dog confined to your property? _____ house _____ kennel _____ fenced yard
_____ chain _____ garage _____ patio _____ leash _____ runner _____ electric fence

Cat Adoptions Only

30. Why do you want a cat? _____ house pet _____ breeder _____ companion _____ gift _____ company for
another pet _____ other -- please explain
31. Will this cat be allowed outdoors? _____ If yes, will it live outdoors or under what circumstances will it be allowed outdoors?

32. Do you plan to have your cat declawed? _____
33. What will you do if your cat claws the furniture or shows destructive behavior? _____

_____ *For shelter use only. Do not write below this line.* _____

Adoption agent review _____	Veterinary reference _____
Caution file _____	Approval _____
Landlord approval _____	Restrictions _____
Verify residence with drivers license _____	Initials of adoption agent _____