CAT APPLICATION



Jackson County Animal Shelter

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



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

No refunds are given for a returned animal.

A	Animal's Name:			
Last Name:	First Name:		DOE	B:
Street Address:		City	:	Zip:
County:Phone	e Number: ()		Email:	
Place of Employment:	Work Phone: ()			
Occupation:				
Do all members of the househole	d agree with this adoj	ption: 🗆 Yes	s 🗆 No 🗆 N	ot Sure
Is your residence a: □ House	☐ Apartment ☐ Co	ondo/Townho	use	
Do you: □ Own □ Rent □	Live with homeowner	relative/frien	nd Other: _	
If renting or living with homeov	vner:			
Name of Landlord:		Phone number:		
Do you plan on declawing the p	e t? □No □Yes, expla	ain:		
Is the pet going to be an outside	pet or inside pet?			
Have you ever given a pet away	or surrendered it to a	a shelter? \square	No ☐ Yes, ex	plain:
Please list your current pets and	l appropriate informa	ation for each	ı:	
Pet's Name Breed/	Type Age		payed/Neutered	
		M/F M/F	Yes / No Yes / No	Inside / Outside / Both Inside / Outside / Both
		M/F	Yes / No	
		M/F	Yes / No	Inside / Outside / Both
Are all of your pets current on v	vaccinations? Yes	□ No, why	?	
Name of veterinarian:				
Under what conditions would ye	ou no longer keep this	s pet?	oving \square Clawing	g furniture
☐ Shedding ☐ Occasional accid	ents in the house \square N	lew baby \square I	Biting \square Other:	
Please list 2 personal references	(name & phone num	ber) that we	may contact:	
1.)				
2)				
2.) I have answered the scre		thfully and t	o the best of m	v abilitv. I understand th
misrepres	sentation is grounds	for denying	this and future	adoptions.
	Applicant Signatur	re	Date	

J.C.A.S. reserves the right to deny any adoption application after review.