

# DOG 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.

Animal's Name: \_\_\_\_\_ Date \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

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 crimes?  No  Yes, Please explain: \_\_\_\_\_

Is your residence a:  House  Apartment  Condo/Townhouse

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

How long have you lived here? \_\_\_\_\_

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  Breeding  Other: \_\_\_\_\_

**How many hours a day will the pet be left alone?** \_\_\_\_\_

**When you're not home where will the pet be kept?** \_\_\_\_\_

**Under what conditions would you no longer keep this pet?**  Excessive barking  Moving

Shedding  Occasional accidents in the house  New baby  Biting  Other: \_\_\_\_\_

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

1.) \_\_\_\_\_

2.) \_\_\_\_\_

*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/Time

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