

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.