

ADOPTION APPLICATION

We appreciate you giving one of our beloved critters a second chance. We want to make sure they all find forever homes, so, when we ask questions, please remember we are trying to make matches that will last a lifetime. By filling out application, you certify information is true and accurate also authorizing JCHS to request any information given on application. So be honest and thorough. Thank you, for your time and patience!

**JCHS has the right to deny or accept an adoption application at their discretion
MISREPRESENTATION MAY RESULT IN LOSS OF ADOPTION PRIVILEGES. PLEASE PRINT**



**Jackson County
HUMANE SOCIETY**

Ph: 563-652-5360 Email: jchs.ia.office@gmail.com
23354 Dark Hollow Rd, Maquoketa, IA 52060
www.jacksoncountyhumanesociety.com

Today's Date: _____

YES, I'm 18+ yrs old (must be 18+ to adopt)

Name: _____ Email: _____

Address, City, State, Zip: _____

Phone(s): Home _____ Cell: _____ Work: _____

Are you in Employed? NO YES _____ hrs per week

Are you in school full time? NO YES _____ hrs per week

Household: Number of adults: _____ Number of kids: _____

Children's Ages: _____

All adults in household give consent to this pet? NO YES

Is anyone in your family allergic to animals? NO YES

If yes, Please Explain: _____

In what type of home do you live? (check all that apply)

HOUSE DUPLEX APARTMENT CONDO/TOWNHOUSE

LIVE WITH PARENTS/GUARDIAN LIVE WITH A ROOMMATE

MOBILE HOME-RENT LOT MOBILE HOME-OWN LOT

IN CITY IN COUNTRY LOT SIZE _____

Do you currently: OWN RENT (with pets allowed)

Is there a size restriction on the pet? NO YES _____ lbs.

Is there a limit on the number of pets? NO YES _____ qty.

Do you have a fenced yard? NO YES _____ hgt _____ type

IF YOU RENT:

Landlord's Name _____

Phone: _____

Do you have landlord's permission for this pet? NO YES

Your veterinarian? Phone: _____

Name: _____

Have you ever been denied pet adoption? NO YES

If yes (date/organization/phone/reason) _____

Pet will be alone about _____ hrs / day _____ days / week

Where will pet be kept during the day? (check all that apply & describe)

INDOORS _____ hrs GARAGE _____ hrs CRATE _____ hrs

BASEMENT _____ hrs OTHER _____ hrs

OUTDOORS _____ hrs (if checked, complete below)

FENCED YARD _____ hrs _____ hgt _____ type

TIED _____ hrs _____ lgth _____ type

SHELTER _____ hrs _____ type

OTHER _____ hrs _____

Where will pet be kept during the night? (check all that apply)

INDOORS _____ hrs GARAGE _____ hrs CRATE _____ hrs

BASEMENT _____ hrs OTHER _____ hrs

OUTDOORS _____ hrs (if checked, please complete below)

FENCED YARD _____ hrs _____ hgt _____ type

TIED _____ hrs _____ lgth _____ type

SHELTER _____ hrs _____ type

OTHER _____ hrs _____

Exercise/play time you'll give your pet per day? _____ hours

please explain _____

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Have you applied or adopted from JCHS before? NO YES - If Yes, please complete the following: Dog Cat

Name when adopted: _____ Breed: _____ Date: _____

Returned? NO YES - If Yes, please explain why: _____

What will you do with your pet(s) if you move in the future? _____

Have you or what would make you get rid of a pet? _____

What behavior issues are you willing to work with to correct? _____

What behavior issues are you NOT willing to work with to correct? _____

How many pets can you financially afford? (food, home health care, regular & emergency vet care, toys, etc.) _____

LIST PAST & PRESENT PETS YOU HAVE OWNED in the chart below: I am a first time pet owner, I cannot fill in chart below

The pets that you don't have now. Please list why: _____

If any pets were not spayed/neutered or current on vaccinations, please explain why: _____

Name	Species (dog, cat, horse, etc)	Breed (Boxer, Purrssian, etc)	Age	Sex	Spayed Nuetered	Current on Vaccinations	Do you still have?
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please list three references that are not related to you:

1) Name: _____ Ph: _____

Relationship: _____ email: _____

Address: _____

2) Name: _____ Ph: _____

Relationship: _____ email: _____

Address: _____

3) Name: _____ Ph: _____

Relationship: _____ email: _____

Address: _____

The information I have given is accurate and true. That I am 18 years of age or older. I understand that misrepresentation may result in loss of adoption privileges.

THANK YOU FOR YOUR TIME AND HONESTY IN FILLING OUT OUR ADOPTION APPLICATION AND YOUR INTEREST IN ADOPTING A JCHS LOCAL/DEATH ROW DOG, PUPPY, CAT OR KITTEN.

Signature Date