



Feline: \_\_\_\_\_ Canine: \_\_\_\_\_

Animal Name: \_\_\_\_\_

## ADOPTION APPLICATION

Today's Date:		Email:			
Name:					
Primary Phone:			Secondary Phone:		
Which animal(s) are you interested in or what is a description of what you are looking for?					
Do you currently	Own	Rent	How long at current address?		
	<i>(circle one)</i>				
Townhome	Apt.	Condo	House	Mobile Home	Other: _____
	<i>(circle one)</i>				
Address:					
City:			State:		Zip:
If less than one year at current address, please provide previous address:					
Landlord Name and Phone Number: <i>(if applicable)</i>					
Do you have a copy of your rental/lease agreement for our files?					

P.O. Box 3 | Middletown, OH | 45042

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Do you have a limit on the number of animals you are allowed to have at your residence?		Dogs:		Cats:	
How many dogs or cats have you owned in the past five years? Where are they now?		Dogs:		Cats:	
Name	Breed/Species	Age	Status and Place Obtained <small>(example: pet shop, breeder, animal rescue)</small>		
Are vaccines up to date? <i>(circle one)</i>	Yes      No	Spayed/Neutered? <i>(circle one)</i>	Yes      No		
If animals are not spayed/neutered – why not?					
Veterinarian Name and Phone No.:					
Are you willing to allow a Joseph’s Legacy Representative to visit your home?	Yes      No <i>(circle one)</i>	If no, please explain:			
Please provide two personal references (other than relatives):					
Name		Phone		Relationship	



What will happen with the animal if you have to move?			
It can take six months to a year for your new pet to become well adjusted in your home? Are you willing to allow this adjustment time?			Yes No (circle one)
What behaviors are you NOT willing to work with your new pet?	Hyper Destructive Digging Barking Aggression Fearfulness Houstraining Other: _____		
Under what circumstances can you not keep this pet?			
Do you have any other family members in your home?			
Where will the animal be kept during the day?/Night? (cat/dog)		Do you have a fenced in yard?	Yes No (circle one)
Do you plan on getting your cat de-clawed?	Yes No (circle one)	Will you be crate training?	Yes No (circle one)
Have you checked with your insurance company to see if they require additional insurance depending on the breed of dog?	Yes No (circle one)	Are you aware of Heartworm disease, parasite infestations and preventative requirements?	Yes No (circle one)
Questions and Concerns:			



Name: \_\_\_\_\_

Date: \_\_\_\_\_

**By signing below (or placing an X in the electronic signature box), I give Joseph's Legacy permission to perform personal, landlord and veterinary checks, as well as home visits in the future, if deemed necessary. I also confirm I have answered all questions, contained herein, truthfully and to the best of my knowledge.**

Print Name	Signature	Date	Electronic Signature

Print Name	Joseph's Legacy Representative Signature	Date	Electronic Signature

