



Jefferson County KS Humane Society Inc.

ADOPTION APPLICATION

DOG

CAT

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Please provide us with the following information so that we may be assured that the pet you want to adopt will be best suited to you, your lifestyle, and your home, as well as being placed in an environment that is compatible with its needs.

Date: _____ Animal Name: _____ Serial #: _____

Name: _____ Occupation: _____

Address: _____ City: _____

of people in your household: _____ Phone(s): _____

1. Why do you want a dog / cat? (circle all that apply) *Companion Outdoor only Protection Hunting Gift Family pet Companion for other animal Guard dog Breeding Mouser Barn cat*
2. Are you 18 years old or older? *Yes No* Do you live with your parents? *Yes No*
3. Where do you live? *House Apartment Mobile Home*
4. Do you own your home? *Yes No* Do you rent? *Yes No* Landlord Phone: _____
5. Are you planning to move in the next year? *Yes No*
If yes, what do you plan on doing with your pets? _____
6. Do you have any children in your household? *Yes No* If yes, list ages _____
Who will supervise your children when they interact with your new pet? _____
7. Do you or anyone in your family have allergies to dogs or cats? _____
8. What do you estimate the yearly expense of owning this pet? _____
9. Who will be responsible for this pet? _____
In your absence, who will care for this pet? _____
10. Where will this pet be kept during the day? _____
11. How will you confine your new pet to your property? _____
12. How many hours will this pet be home alone with no human contact? _____
14. What behaviors will you be unwilling to work with? _____
15. Who will be responsible for socialization and training? _____
16. What type of grooming is necessary for the type of pet you have chosen? _____
17. Are there many free-roaming cats or dogs in your neighborhood? *Yes No*
18. What type of activities do you envision doing with your new pet? _____

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19. List ALL the pets that have lived with you in the past 5 years:

Breed	Age / Sex	Spayed/Neutered?	Still living with you?

If you no longer have any of the above listed animals, please explain what happened to them:

20. Are your pets' vaccinations up to date? *Yes No*

21. Veterinarian for reference: _____

Address: _____ Phone: _____

22. Have you ever applied to or adopted from the Jefferson County Humane Society? *Yes No*

23. Have you ever brought one of your pets to the Jefferson County Humane Society? *Yes No*

24. It may take your new pet several weeks to adjust to your home, longer if other pets are involved. Are you prepared to allow this much time to adjust? *Yes No*

Signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that the Jefferson County Humane Society has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I understand that this application is the property of the Jefferson County Humane Society, Inc.

Signature of Applicant

Date