

# JUST ANIMALS SHELTER



“At Just Animals, we’re almost home”

516 Depot Street Unit A

P.O. Box 275, Mazon, IL 60444 **Phone:** 815-448-2510 **Fax:** 815-448-2511

**E-Mail:** [adopt@justanimals.org](mailto:adopt@justanimals.org) **Website:** <http://www.justanimals.org>

## Office Use Only

To Adopt:

Date Received:

Approved/Declined

***Incomplete Applications Will Not Be Processed***

**\*\*\* ADOPTION APPLICATION \*\*\***

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Spouse/Roommate/Partner's Name \_\_\_\_\_

Address: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) EMAIL \_\_\_\_\_

**Please Check off the Appropriate Choices throughout this Questionnaire: WE DO NOT ADOPT TO PERSON'S Under 21**

ARE YOU: Married: \_\_\_\_\_ Single: \_\_\_\_\_ Roommates: \_\_\_\_\_ Domestic Partners: \_\_\_\_\_  
21-40: \_\_\_\_\_ 41 - 60: \_\_\_\_\_ 61-80: \_\_\_\_\_ 81+: \_\_\_\_\_

## Work Contact Information

Employer's Name: _____	Spouse or Roommate's Employer: _____
Hours per day: _____	Hours per day: _____
Position: _____	Position: _____
Phone Number: _____	Phone Number: _____

## REFERENCES (non-family please):

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## Emergency Contact: (someone from outside your own household – Not the same telephone number as your own)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

VET: Who is your Vet (current or past if you just moved here), and where is s/he located (city)? \_\_\_\_\_

Vet Phone #: \_\_\_\_\_

NAME OF ANIMAL YOU CONSIDERING ADOPTING: \_\_\_\_\_

**Please Answer ALL questions by circling or answering in detail where indicated.**

1. Is this your first pet? \_\_\_\_\_
2. The reason I want a pet is \_\_\_\_\_
3. Is the pet for your family? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Does your entire family want a pet? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Is the pet a gift? YES \_\_\_\_\_ NO \_\_\_\_\_
6. If yes, who is the gift for? \_\_\_\_\_
7. Are all family members aware you are adopting a pet? YES \_\_\_\_\_ NO \_\_\_\_\_
8. How many adults in the household? \_\_\_\_\_
9. How many children in the household? \_\_\_\_\_ What are their ages? \_\_\_\_\_
10. Who has allergies, and to what animals? \_\_\_\_\_
11. Whose Responsibility is the care of this pet? \_\_\_\_\_
12. Vet costs can add up. The average sick call to a vet is around \$250.00? How much would you be willing and able to pay a vet should your pet become ill? \_\_\_\_\_
13. My pet will be kept in:
  - i. House \_\_\_\_\_ Garage \_\_\_\_\_ Basement \_\_\_\_\_ Outdoors \_\_\_\_\_ Outdoor Kennel \_\_\_\_\_ Tied Out \_\_\_\_\_ Crate \_\_\_\_\_
14. Will your pet be crate trained (*dogs only*)? YES \_\_\_\_\_ NO \_\_\_\_\_
15. Will you attend Obedience Classes (*dogs only*)? YES \_\_\_\_\_ NO \_\_\_\_\_
16. Are you prepared for chewing, digging, scratching, house training/litterbox accidents, and other mischievous behavior? YES \_\_\_\_\_ NO \_\_\_\_\_
17. How will you reprimand your pet? \_\_\_\_\_
18. It may take your new pet a month (or longer if other pets are involved) to adjust to its new home. How will you handle this? \_\_\_\_\_
19. How did you hear about us? \_\_\_\_\_
20. Have you applied for, or adopted a pet from us or any other shelter before? YES \_\_\_\_\_ NO \_\_\_\_\_
21. Where?: \_\_\_\_\_ When?: \_\_\_\_\_ Name of Pet: \_\_\_\_\_
22. Do you: RENT or OWN
  - House \_\_\_\_\_ Townhouse \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_ Live with Parents \_\_\_\_\_
23. If you own, do you have a fenced in yard (*dogs only*)? YES \_\_\_\_\_ NO \_\_\_\_\_
24. If renting, are pets allowed? YES \_\_\_\_\_ NO \_\_\_\_\_
 

Deposit Required? YES \_\_\_\_\_ NO \_\_\_\_\_

Weight Limit? \_\_\_\_\_ Lbs.

Name of Complex: \_\_\_\_\_

City and State of Complex: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_
25. If you need to move would you move to someplace where pets are not allowed? \_\_\_\_\_

**26. Animals presently living in the house (Circle or Fill in Blanks – Each animal gets its own box).**

Pet Name: _____ Dog _____ Cat _____ Other _____ Breed: _____ Age: _____ Indoor _____ Outdoor _____ Male _____ Female _____ Spayed _____ Neutered _____ Vaccinated? _____ Declawed (cat only) _____ On heartworm preventative (dog only)? _____	Pet Name: _____ Dog _____ Cat _____ Other _____ Breed: _____ Age: _____ Indoor _____ Outdoor _____ Male _____ Female _____ Spayed _____ Neutered _____ Vaccinated? _____ Declawed (cat only) _____ On heartworm preventative (dog only)? _____
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27. Other than the animals listed above, please indicate additional pets you have owned in the last 5 years.

\_\_\_\_\_

\_\_\_\_\_

Were any lost? \_\_\_\_\_ Hit by a car? \_\_\_\_\_ Put to sleep? \_\_\_\_\_ Why? \_\_\_\_\_

28. Were any given away? \_\_\_\_\_ To Whom? \_\_\_\_\_  
 Why? \_\_\_\_\_

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**THE INFORMATION ON THIS QUESTIONNAIRE WILL BE KEPT CONFIDENTIAL.**

**I CERTIFY THAT THE INFORMATION PROVIDED IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT JUST ANIMAL'S SHELTER HAS MY PERMISSION TO CONTACT ANY AND ALL OF MY LISTED REFERENCES AS WELL AS MY VETRENARIAN(S).**

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

**For office use only:**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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