

# ADOPTION APPLICATION FORM

Name of Pet I am interested in:

**JUST ANIMALS SHELTER**  
**“At Just Animals, We’re Almost Home”**  
**505 Depot Street, 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>**

Thank you for your interest in adopting a companion animal from Just Animals. The application below should be completed by the individual who will be primarily responsible for the daily care of the animal. If additional space is needed to provide a comprehensive answer to any question, please complete the answer on a separate piece of paper and attach it to the application.

| APPLICANT INFORMATION   |   |                    |
|---|---|--------------------|
| Last Name   | First                                     | M.I.               |
| Street Address  |   | Apartment/ Unit #  |
| City  | State                                     | ZIP                |
| Phone   | Alternate Phone                           |                    |
| Email Address   | Are you at least 21 years old?            |                    |
| <b>Circle correct answers below.</b>  |   |                    |
| Do you own or rent your residence?  | OWN (skip next question)                  | RENT               |
| If you rent, do you have your landlord’s permission to have pets?   | <b>Name and phone number of Landlord?</b> |                    |
| How long have you been at your current residence?   |   |                    |
| How many other people live at your residence in addition to yourself? If children reside at the residence, please include their ages and how you intend to handle interactions between the animal and the children. |   |                    |
| If other individuals reside at your home, do you have the consent of all these individuals to adopt an animal?  | YES                                       | NO                 |
| Does anyone in your residence allergic to cats or dogs?   | YES                                       | NO If YES, explain |
| Does anyone at your residence have a fear of cats or dogs?  | YES                                       | NO If YES, explain |
| Have you been convicted of a crime within the last 7 years?   | YES                                       | NO If YES, explain |

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Describe your home's activity level. (Busy/Noisy? Low/Medium/High Comings & Goings? How often do you have guests?)

Describe your yard. Does it have a fence, kennel run, or other? If fenced what is the height of the fence, type of fence, and approximate size of the fenced in area? Please also include the number of gates and if these gates have security locks or latches.

Do you work away from the home?    YES        NO        If yes: FULL-TIME    PART-TIME

**ANIMAL CARE EXPERIENCE**

Have you cared for animals in the past, and if so, how long? (If none, please skip this section.)

Do you currently care for any other animals?    YES        NO        **If yes, list all animals below.**

| Type of Animal | Breed | Name of Animal | Age |
|----------------|-------|----------------|-----|
|                |       |                |     |

Please provide the name and phone number of your veterinarian.

Where do you keep your current pets?    INSIDE        OUTSIDE        EQUAL AMOUNTS INSIDE AND OUTSIDE

Are all current pets up to date on their vaccinations?    YES        NO        If NO, explain.

|                                       |  |
|---------------------------------------|--|
| Are all current pets spayed/neutered? | If you own cats, are they declawed?    YES        NO |
|---------------------------------------|--|

If you own cats have they been tested for feline leukemia and FIV (feline AIDS)?    YES        NO        If YES, what were the test results of both?    POSITIVE FOR LEUKEMIA    POSITIVE FOR FIV    NEGATIVE FOR BOTH

If you own dogs, are they given heartworm prevention monthly?    YES        NO

Have you ever lost a pet due to illness or serious injury?    YES        NO        If YES, explain.

Have you ever had to give up a pet?    YES        NO        If YES, why and where did the animal go?

Who will be responsible for caring for the pet?

Vet costs add up. The average sick call to a vet is \$250. How much would you be willing and able to pay if your pet should become ill?

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|   |                                    |
|---|------------------------------------|
| Are you prepared for chewing, digging, scratching, house training/litter box accidents and other mischievous behavior?  |                                    |
| How will you reprimand your pet?  |                                    |
| Will you attend obedience training (dogs only)?   |                                    |
| Where, specifically, will the animal be kept during the day?  |                                    |
| Where, specifically, will the animal be kept at night?  |                                    |
| Where would the animal stay when you are not at home?<br>LOOSE INSIDE    CRATED/CONFIED INSIDE    LOOSE OUTSIDE    KENNEL RUN/FENCED AREA OUTSIDE<br>TIED/CHAINED OUTSIDE    OTHER  |                                    |
| If the animal is outside other than for supervised activities describe what shelter would be available for it.    SHED    DOGHOUSE<br>COVERED PORCH    TREES    WILL NOT BE OUTSIDE UNSUPERVISED  |                                    |
| Under what circumstances would you return a pet?<br>BARKING/NOISY    HOUSEBREAKING    CHEWING    JUMPING    SHYNESS/OTHER FEARS    SHEDDING DIGGING<br>SCRATCHING/CLIMBING ON FURNITURE    PERSONAL ILLNESS    YOUR NEED TO MOVE    OTHER |                                    |
| Have you applied for or adopted a pet from us or any other shelter?<br>If so, Where?  | YES    NO<br>When?    Name of Pet? |
| Please describe, in your own words, why you would like to adopt an animal?  |                                    |
| <b>DISCLAIMER AND SIGNATURE</b>   |                                    |
| I certify that the information provided is complete and correct to the best of my knowledge. I also certify that Just Animals Shelter has my permission to contact any and all of my listed references as well as my Veterinarian.        |                                    |
| Signature   | Date                               |