

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 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?	
Circle correct answers below.		
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?	Name and phone number of Landlord?	
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
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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 \$500. 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? LOOSE INSIDE CRATED/CONFIED INSIDE LOOSE OUTSIDE KENNEL RUN/FENCED AREA OUTSIDE TIED/CHAINED OUTSIDE OTHER	
If the animal is outside other than for supervised activities describe what shelter would be available for it. SHED DOGHOUSE COVERED PORCH TREES WILL NOT BE OUTSIDE UNSUPERVISED	
Under what circumstances would you return a pet? BARKING/NOISY HOUSEBREAKING CHEWING JUMPING SHYNESS/OTHER FEARS SHEDDING DIGGING 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? If so, Where?	YES NO When? Name of Pet?
Please describe, in your own words, why you would like to adopt an animal?	
DISCLAIMER AND SIGNATURE	
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