

## **Friends of Jackson County Animal Shelter Adoption Form**

PO Box 31, Gainsboro TN 38562

email: FJCAS38562@GMAIL.COM

Please fill out the form completely - we will discard any application that is not completely filled out. If a question doesn't apply to you please enter N/A or explain otherwise. Submitting an application does not obligate you to adopt nor does it guarantee the pet will be adopted to you. We collect applications on the pet in question and make our best determination on where we think the animal will do best.

Your Full Name\*

Co-Applicant Name or Spouse Name

Enter N/A if this question doesn't apply

Email Address\*

Enter Email

Confirm Email

Address\*

Street Address

Apartment Number

City

## State **ZIP Code Home Phone\* Cell Phone\*** Are you able to send / receive text messages? Yes No **Alternate Phone** Your Occupation / Co-Applicant Occupation\* Your Age / Co-Applicant Age\* Applicants must be at least 21 years old Pet Info Which dog(s) are you interested in adopting?\* What qualities are you looking for in a new dog / family member?\* Please describe any "must-have" characteristics, energy level, etc. When is the soonest date you will be ready to adopt?\* Where will the dog live? Inside Outside Both Inside and Outside

What size adult dog are you looking for?

Other

• Extra Small (Under 10 pounds)

| <ul> <li>Medium (25-60 pounds)</li> </ul>                                  |
|--|
| • Large (60-100 pounds)  |
| • Extra Large (100+ pounds)  |
| Doesn't Matter - Any Size OK   |
| Where will this dog be kept during the day? Please be specific.            |
| Where will this dog be kept during the night? Please be specific.          |
| Where will this dog be kept when no one is home? Please be specific.       |
| Where will this dog stay while you are on vacation? Please be specific.    |
| About how many hours will this dog be left alone each day?                 |
| Which family member(s) will be responsible for the daily care of this dog? |
| For potty breaks, your dog will be: (circle any that apply)                |
| Walked on a leash  |

Small (10-25 pounds)

On a chain

| •             | On a tie-out  |
|---------------|---|
| •             | In a secure, fully fenced area  |
| •             | In an open, partially enclosed fenced area  |
| •             | Electronic / Wireless fence   |
| •             | Loose in yard (no fence)  |
| •             | Indoor potty area   |
| •             | On a zip line / pulley system   |
| How d         | o you plan to provide exercise for this dog?  |
|               | have a fence, how tall is it and what kind of fencing material? If there is no fence, how u keep the dog from leaving the property? |
| What a        | are your plans for training your new dog?   |
| Hous          | ehold Info  |
| How lo        | ong have you lived at this address?   |
| <b>Do you</b> | plan on moving soon?  |
| •             | Yes   |
| •             | No  |
| •             | Not sure  |
| What \        | will you do with this dog if/when you move?   |
| Who li        | ves in your household? List all adults' full name, age and relationship to you.   |
| Full Na       | me:   |

| Age:   |   |  |  |
|--|---|--|--|
| Relation   | nship:  |  |  |
| How do the other adults in your household feel about adopting a dog?   |   |  |  |
| How m  | any children live in your household? What are their ages?             |  |  |
| Do chile   | dren visit often? Is it important for the dog to get along with kids? |  |  |
| Some dogs and cats may not get along well with children - please consult a volunteer for more information about the animal in which you are considering. FJCAS cannot guarantee temperament of any animal but can share the experience had with the animal(s) in their care. |   |  |  |
| TELL US  | S ABOUT YOUR HOME. Do you:  |  |  |
| •  | Own Home  |  |  |
| •  | Own Condo   |  |  |
| •  | Own Mobile Home   |  |  |
| •  | Rent Home   |  |  |
| •  | Rent Apartment  |  |  |
| •  | Rent Mobile Home  |  |  |
| •  | Live with Parents (Own Home)  |  |  |
| •  | Live with Roommates (Rent)  |  |  |
| •  | Other   |  |  |
| For tho  | se who rent - have you checked to confirm your lease allows pets?     |  |  |
| •  | Vas   |  |  |

| Not sure   |
|--|
| • N/A - Own  |
| Are there any lease pet restrictions? If YES, please explain. (Breed, size, weight, etc) |
|  |
| Landlord or Rental Company Name (required if renting)                                    |
|  |
| We will call to confirm dogs are allowed   |
| Current and Past Pets  |
| How many dogs do you have currently? How many cats currently?                            |
| CURRENT PETS: Please list all pets you currently own.                                    |
| Name   |
| Dog or Cat?  |
| Breed  |
| Age  |
| Lives Inside or Outside?   |
|  |
| Are all of your current pets spayed or neutered?   |
| If NO, please explain:   |
|  |
| Are all of your current pets up to date on vaccinations?                                 |
| If NO, please explain:   |
|  |
| If you have a dog(s) are they on heartworm prevention?                                   |
|  |

No

If YES, what brand? If NO, please explain:

Euthanized for behavior

PAST PETS: List all pets owned in the past 5 years that are no longer with you. Please provide a brief explanation for each animal as to what happened to him or her. If none in the last 5 years, list ALL pets owned in your adult life.

| Name   |  |  |  |  |
|--|--|--|--|--|
| Dog or 0                                       | Cat?                                       |  |  |  |
| Breed  |  |  |  |  |
| Age  |  |  |  |  |
| Lived In                                       | side or Outside?                           |  |  |  |
| What ha  | appened?                                   |  |  |  |
|  |  |  |  |  |
| Were all of your past pets spayed or neutered? |  |  |  |  |
| If NO, please explain:                         |  |  |  |  |
|  |  |  |  |  |
| Were yo  | our previous dogs on heartworm prevention? |  |  |  |
| If YES, v                                      | vhat brand? If NO, please explain:         |  |  |  |
| Have you ever had a pet:                       |  |  |  |  |
| •  | Run away                                   |  |  |  |
| •  | Hit by a car                               |  |  |  |
| •  | Lost                                       |  |  |  |
| •  | Stolen                                     |  |  |  |
| •  | Poisoned                                   |  |  |  |
|  |  |  |  |  |

| •                  | Euthanized for illness   |
|--------------------|--|
| •                  | None of these apply  |
| (Circle            | any that apply)  |
| If you s           | selected any of the above, please explain:   |
| Have y             | ou ever:   |
| •                  | Given away or rehomed a pet  |
| •                  | Sold a pet   |
| •                  | Returned pet to shelter/rescue   |
| •                  | Bred your pets(s)  |
| •                  | Surrendered your pet to a shelter/rescue   |
| •                  | None of these apply  |
| (Circle            | all that apply)  |
| If you s           | selected any of the above, please explain:   |
| If you l<br>genera | have not had any pets of your own, please tell us about your experience with pets in   |
| Veterir            | narian Info  |
| curren             | provide the name and phone number of any vet office that has seen any of your t or previous pets. If the records are not under your name, please provide the name of rson the records are under. FCJAS will call to verify your vet reference. |
|                    |  |
| Vet                |  |
| Vet<br>Phone       |  |

Who will be responsible for vet bills?

Are you financially able and willing to provide annual checkups, vaccinations and any/all emergency care for a pet?

- Yes
- No
- Not sure depends on the amount
- Other

Why do you want to adopt this particular dog? How do you expect this dog will fit into your household?

Is this dog a gift for someone?

Does anyone in the family have pet allergies? If Yes, please explain to what allergens.

How long have you been looking for a new pet?

Approximately how long do you believe that it will take to assimilate this pet into your home? Do you expect it to adjust to its new surroundings immediately, or do you believe that it will take some time for it to settle in and get adjusted?

Adopting a dog is a lifelong commitment. Are you aware that a dog can live to be over 15 years old? Are you prepared to make this commitment to this animal?

- Yes
- No
- Not sure

Are you aware that dogs can chew, scratch, nibble, and in some cases bite? That they can make noises, such as barking, growling, whining, howling, etc? Are you prepared for this?

- Yes
- No

Do you have any concerns about bringing this dog into your home?

Please provide any additional comments or information that you feel needs to be considered in regards to the potential approval of this application. If you have personal references in lieu of vet references, please list here.

By initialing the "I agree" option, you are stating that you understand the mission of this organization; you understand what is expected of you in regard to caring for this animal; and you are ready, willing, and able to make this lifelong commitment to this animal.

| Initial next to I agree if you agree with the above.  |
|---|
| I agree   |
| By signing and submitting this application to FJCAS., I hereby affirm that I have answered the above questions truthfully and to the best of my knowledge. I give my permission for FJCAS to contact the landlord, veterinary, and/or personal references as needed. I understand that providing any false information can be cause for denial of my application. Leaving any questions blank or not filling out this form completely can be cause for the application to be discarded or denied. |
| I agree   |
| signed:   |
| Type Your Full Name   |
| Email your application to FJCAS38562@gmail.com  |