



Canine Adoption Application

Please complete all shaded areas. Incomplete forms may not be processed.

Name:	Date:
Address:	City/State/ZIP:
Home Phone:	Mobile:
Email:	
Name of dog(s) in which you are interested:	
Reason for adoption: <input type="checkbox"/> Breeding <input type="checkbox"/> Child's Pet <input type="checkbox"/> Companion for Current Pet <input type="checkbox"/> Family Pet <input type="checkbox"/> Gift <input type="checkbox"/> Protection <input type="checkbox"/> Other:	
Dwelling type: <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Duplex <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Townhouse	
Length of time at current address:	Number of people in household:
Ownership Status: <input type="checkbox"/> Own <input type="checkbox"/> Live with a Friend or Family Member <input type="checkbox"/> Rent	
If you rent, are dogs allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the pet deposit paid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there weight or quantity limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:	
Is your yard fenced: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own an outdoor pen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to purchase a physical or electric fence: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	Do you own, or plan to purchase, a crate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Are there any children in the home: <input type="checkbox"/> Yes <input type="checkbox"/> No	Who are the person(s) responsible for the daily care of pet(s):
Do you currently have any pets: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type/Quantity: <input type="checkbox"/> Cats/#: <input type="checkbox"/> Dogs/#: <input type="checkbox"/> Other:
What are your current pets' breeds and ages:	What is the name of your veterinarian (including clinic name):
Are your current pet(s) current on all vaccinations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you new pet(s) be kept current: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are your current pet(s) spayed or neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why:	Are your current pet(s) on monthly heartworm preventative: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why:
Where do your current dog(s) live: <input type="checkbox"/> Inside <input type="checkbox"/> Outside	Where will your new dog(s) live: <input type="checkbox"/> Inside <input type="checkbox"/> Outside
Where do your current dog(s) sleep: <input type="checkbox"/> Inside <input type="checkbox"/> Outside	Where will your new dog(s) sleep: <input type="checkbox"/> Inside <input type="checkbox"/> Outside
What type of supervision will your dog(s) have when going outside:	On average, how many hours per day will your dog(s) be unsupervised:
Do you know about crate training: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan to use this method to train: <input type="checkbox"/> Yes <input type="checkbox"/> No
What arrangements will you make for your dog(s) if you need to be away from home overnight: <input type="checkbox"/> Boarding <input type="checkbox"/> Pet Sitting <input type="checkbox"/> Take Dogs Along <input type="checkbox"/> Other:	How do you feel about debarking, ear cropping, and tail docking:
Have you ever had these surgeries performed on a dog: <input type="checkbox"/> Yes <input type="checkbox"/> No Why:	Do you plan to do have any of these surgeries performed on your new dog: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Have you ever had to give up a pet before: <input type="checkbox"/> Yes Willingly <input type="checkbox"/> Yes Unwillingly <input type="checkbox"/> No Animal: Why:	What did you do with the animal:
What happened to your most recent dog that you no longer have:	Does anyone in your household have animal allergies or asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a dog die on your premises on the last 3 months: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cause of Death: <input type="checkbox"/> Age <input type="checkbox"/> Distemper <input type="checkbox"/> Parvo <input type="checkbox"/> Rabies <input type="checkbox"/> Unknown <input type="checkbox"/> Other:
Are you willing to go to the expense and trouble of taking your new dog(s) to a veterinarian for full preventative and medical care at least once a year (approximate cost: \$100+): <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you notify us if the dog(s) develop any health problems or illness at the onset of the problem if they occur within the first week of adoption: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are unable to keep the dog(s) for any reason, will you return the dog(s) to JPR: <input type="checkbox"/> Yes <input type="checkbox"/> No	If requested, will you allow an authorized JPR representative to visit your home (by appointment only) so we can see how you new dog(s) are adjusting: <input type="checkbox"/> Yes <input type="checkbox"/> No

By signing here, I am attesting to the truthfulness of my answers:

Signature: _____

Next Step: Email the completed document to JPR@jenniferspetrescue.com.