Jennifer’s Pet Rescue - Canine Adoption Application 

**Please complete all areas. Incomplete forms may not be processed. We use this info to register your microchip.**

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| **Name:**  | **Date:**  |
| **Address:** | **City/State/ZIP:** |
| **Home Phone:**  | **Mobile:**  |
| **Email:**  |
| **Name of dog(s) in which you are interested:**  |
| **Reason for adoption:** Breeding Child’s Pet Companion for Current Pet Family Pet Gift Protection Other: |
| **Dwelling type:** Apartment Condo Duplex House Mobile Home Townhouse  |
| **Length of time at current address:**  | **Number of people in household:** |
| **Ownership Status:** Own Live with a Friend or Family Member Rent |
| **If you rent, are dogs allowed:** Yes No  | **Is the pet deposit paid (rental only):** Yes No |
| **Are there weight or quantity limits:** Yes No **Describe:** | **Are you 18 years of age or older:** Yes No |
| **Is your yard fenced:** Yes No  | **Do you own an outdoor pen:** Yes No |
| **Do you plan to purchase a physical or electric fence:** Yes No Maybe | **Do you own, or plan to purchase, a crate:** Yes No Maybe |
| **Are there any children in the home:** Yes No **Ages of children:** | **Who are the person(s) responsible for the daily care of pet(s):** |
| **Do you currently have any pets:** Yes No  | **Type/Quantity:**  #of Cats # of Dogs #: 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:** Yes No | **Will you new pet(s) be kept current:** Yes No |
| **Are your current pet(s) spayed or neutered:** Yes No **If not, why:** | **Are your current pet(s) on monthly heartworm preventative:** Yes No **If not, why:**  |
| **Where do your current dog(s) live:** Inside Outside  | **Where will your new dog(s) live:** Inside Outside  |
| **Where do your current dog(s) sleep:** Inside Outside  | **Where will your new dog(s) sleep:** Inside 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:** Yes No  | **Do you plan to use this method to train:** Yes No |
| **What arrangements will you make for your dog(s) if you need to be away from home overnight:** Boarding Pet Sitting Take Dogs Along Other: | **How do you feel about debarking, ear cropping, and tail docking:**  |
| **Have you ever had these surgeries performed on a dog:** Yes No **Why:** | **Do you plan to do have any of these surgeries performed on your new dog:** Yes No Maybe |
| **Have you ever had to give up a pet before:** Yes Willingly Yes Unwillingly 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:** Yes No |
| **Have you had a dog die on your premises on the last 3 months:** Yes No | **Cause of Death:** Age Distemper Parvo Rabies Unknown 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: $300+):** Yes No | **Will you notify us if the dog(s) develop any health problems or illness at the onset of the problem if they occur only within the first week of adoption:** Yes No |
| **If you are unable to keep the dog(s) for any reason, will you return the dog(s) to JPR:** Yes 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:** Yes No |

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

**Signature (Digital is fine):**

**Next Step:** Email the completed document to JennifersPetRescue@gmail.com