



DOG ADOPTION APPLICATION- Please be advised: The Jersey Shore Animal Center adoption Process may take several days. Applying for a pet does not guarantee approval, adoption, or place hold on an animal. Decisions are made in the best interest of the animal and the people involved.

THE JERSEY SHORE ANIMAL CENTER RESERVES THE RIGHT TO DECLINE ANY ADOPTION APPLICATION FOR ANY REASON. YOU MUST BE 21 OR OLDER TO ADOPT.

***Non Pet Questionnaire: If you have not owned a pet in the last 5 years you are required to fill out a non-pet owner questionnaire in addition to the application.**

Date: _____

Animal Name: _____ 2nd Choice: _____

Your name: _____ Phone: _____

Address: _____ Town: _____ Zip: _____

Employer: _____ Phone: _____ Position: _____

Email: _____

Your energy level? (Low, Medium, High) _____

What type of dog are you interested in? _____

How did you hear or know about this dog? _____

Have you adopted from the JSAC before Y _____ N _____ If yes, when? _____

If approved, what kind of dog are you interested in? _____

CURRENT Pet Information:

How many pets do you own currently? Dogs _____ Cats _____ Other _____

Name of dog(s) 1. _____ 2. _____ 3. _____

Breed/ Dog 1. _____ M _____ F _____ Age _____ Cat 1 Name: _____ M _____ F _____ Age _____

Breed/ Dog 2. _____ M _____ F _____ Age _____ Cat 1 Name: _____ M _____ F _____ Age _____

Breed/ Dog 3. _____ M _____ F _____ Age _____ Cat 1 Name: _____ M _____ F _____ Age _____

Other Pets: _____

PAST Pet Information:

How many pets have YOU had in the past 5 years? (excluding above) DOGS _____ CATS _____ OTHER _____

Name of dog(s) _____ M _____ F _____ Breed _____

Name of cat(s) _____ M _____ F _____

What happened to these pets-please check all that apply

Lost _____ Stolen _____ Given Away _____ Given to shelter _____ Sold _____ Died _____ Still have _____

If pet died, please list date and cause of death

Animal: _____ Date died: _____ Cause: _____

If given away, please explain to whom and the circumstances.

Are all of your pets spayed or neutered? Yes _____ No _____

If NO please explain:

How often do your pets see the veterinarian? Annually _____ Semi-Annually _____ Other _____

Name of your most recent or current vet: _____ Phone _____

If pet has seen another vet in the past, please list _____ Phone _____

Under what LAST NAME is the pet listed? _____

HOME INFORMATION: Number of adults in your home? _____ Please list the full names of other adults in the home: _____

Do all of the adults in the home work full time? Yes _____ No _____
How many children under 18 living in your home? _____ Please list their ages (____) (____) (____) (____)
If no children in the home, do any visit frequently? Yes _____ No _____
If yes, please list their ages (____) (____) (____) (____)
Has anyone in the home experienced allergies to an animal? Yes _____ No _____
If yes, please explain _____
Do you: Own _____ Rent _____ *Share a dwelling _____ *Live with parents _____ Other _____
Type of residence: House _____ Condo _____ Apartment _____ Mobile Home _____ Other _____
How long have you been at this residence? _____ Years.

IF YOU RENT, YOU MUST PROVIDE THE JSAC WITH A COPY OF YOUR RENTAL AGREEMENT ALLOWING PETS (EVEN IF YOU RENT FROM A PARENT, RELATIVE OR FRIEND)

Landlord's Name: _____ Phone: _____

Do you agree to a house visit by JSAC prior to the adoption? Yes _____ No _____
Do you plan to move within the next year? Yes _____ No _____
If you ever have to move, what will you do with your pet? _____

DOG LIVING ENVIRONMENT:

Do you have a: Fenced in yard _____ Dog House _____ Dog Cable _____ Dog run _____ Other _____
If fenced, how high? _____ What type of fencing? _____
If you have none of the above, how do you plan to exercise/toilet the dog? _____

Where will the dog spend most of the day? Indoors _____ Outdoors _____
If Indoors: Basement/Garage _____ Free run of the house _____ Limited area of house _____
Where will the dog be kept when nobody is at home? Indoors _____ Outdoors _____
Where will the dog sleep at night? Indoors _____ Outdoors _____
If indoors: Basement _____ Garage _____ Crate _____ Free run of house _____
How many hours will the dog be left alone each day? _____
Who will be responsible for veterinary bills? _____
Who will be responsible for feeding, cleaning up after & exercising the dog? _____
Have you ever housebroken a dog before? Yes _____ No _____
Have you ever taken an obedience class? Yes _____ No _____
Would you be willing to take an obedience class with your dog? Yes _____ No _____

What personal circumstances or dog behavior would cause you to give up your pet? _____

Please provide contact information of at least one successor or caretaker that will inherit/be responsible for the care of your pet in the event of your inability, illness or death: _____

Are you interested in a: House pet _____ Outside Pet _____ Guard dog _____ Watch dog for business _____

If a gift, for whom is the gift for? _____
How did you hear about JSAC? _____

I, the undersigned, hereby authorize the Jersey Shore Animal Center to verify that the above information is true and correct, and permit the release of veterinary history. I am over the age of 21.

Sign here: _____ Date: _____