

JERICHO SOCIETY ADOPTION APPLICATION

We hope we can be of service to you. We ask that you fill out both sides of this application.

**** A criterion for adoption is a drive by home check.**

PUPPY _____ KITTEN _____ DOG _____ CAT _____

PETS NAME _____

NAME _____ PHONE# _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

How long at this address _____

EMAIL ADDRESS _____

Your occupation _____ Company _____

Do you Own _____ Rent _____

Do you currently live in a _____ House _____ Apartment _____ Mobile Home _____ Condo

Directions to your home: _____

If you are single: Do you live alone? Yes _____ No _____ Do you live with a family? Yes _____ No _____

What are your work hours _____

If you are married: Do both of you work? Yes _____ No _____ Your work Hrs. _____

How many children at home? _____ Ages _____

Who will be responsible for the pet? _____

RENTERS ONLY

Does your lease have any pet restrictions and if so what are they _____

Is there a pet deposit Yes _____ Or No _____ If Yes has it already been paid YES _____ No _____

Landlords name _____ Phone # _____

(Application cannot be approved unless we get permission from landlord)

What pets do you currently have in your household?

NAME _____	DOG _____	CAT _____	Spayed/Neutered		Kept where		Age _____
			YES _____	NO _____	IN _____	OUT _____	
NAME _____	DOG _____	CAT _____	YES _____	NO _____	IN _____	OUT _____	_____
NAME _____	DOG _____	CAT _____	YES _____	NO _____	IN _____	OUT _____	_____
NAME _____	DOG _____	CAT _____	YES _____	NO _____	IN _____	OUT _____	_____

List the pets owned in the past 10 years other than pets you now have:

*** A Veterinarian check will be completed. Failure to disclose all animals owned or responsible for in the last 10 years will automatically disqualify this application for adoption!**

TYPE	TIME OWNED	WHAT HAPPENED TO PET?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the name of your Veterinarian? _____ Phone # _____

Have all your pets been currently vaccinated? Yes _____ No _____

Do you want this pet for: House pet ___ Guard dog ___ Watch dog ___ Companion ___ Gift ___

Do you have a fenced yard? Yes ___ No ___ If yes how high _____

If no, would you walk animal on a leash? Please explain

How will your pet be confined on your property?

In house ___ Kennel ___ What size? _____ Fenced yard ___ Chain ___ Garage ___ Leash ___

CAT ADOPTIONS

Do you want the cat for:

House pet ___ Mouser ___ Companion ___ Gift ___ Company for other pet _____

Will this cat be allowed outdoors? ___ Yes ___ No If yes, under what circumstances _____

Do you plan on having your cat declawed? _____ Yes or No _____

SHELTER USE ONLY

PETS NAME_____ **BREED**_____ **AGE** _____ **COLOR**_____

VACCINATION DATE_____ **SPAY /NEUTER DATE**_____

REASON FOR DENIAL_____
