



Jefferson Protection & Animal Welfare Services Adoption Application

Thank you for choosing adoption! Please complete the following questions to help guide out conversation today. Adoption requires providing current valid identification, 18 years of age, landlord permission, pet deposit satisfied, or own your own home.

Animal Name: _____ Animal number: _____

Your Last Name: _____ Your First Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____ Apartment: _____

City, State, Zip: _____

Driver's License/ID Number: _____ ID Type: _____

Email Address: _____

We welcome adopters who rent, or live in an apartment or condo. We want to alert you that some landlords and management companies have size and breed restrictions, limits on number of pets, and/or require pet deposits or additional fees. **We will check to confirm pets are allowed at the home, so please provide as much information as possible now to prevent delays in processing your application.**

Tell us members of the new pet's household (e.g. # of adults/seniors/young children):

Do you live: (circle one) with parents/ in apartment / house / other Do you have a fenced yard?

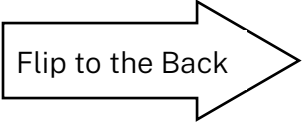
Yes No

If you live with parents, in an apartment, or rent, please provide name of parents, apartment complex, property manager, or landlord

First _____ Last _____

Contact phone number of parents, apartment complex, property manager, or landlord

(____) ____ - _____ ext. _____

Flip to the Back 



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Tell us about your pets at home:

Name:	Type of Animal:	Age:	Indoor/Outdoor:	Time in your care:	Spayed/Neutered? Yes or No

Tell us about your current Veterinarian:

Name and Phone Number: _____

Are you financially able and willing to provide annual checkups, vaccinations? Yes No

Will you provide monthly heart-worm prevention or as directed by your veterinarian? Yes No

Agreement:

By signing this form, I acknowledge that all information on this form is true and correct. I understand that any misrepresentation of fact may result in refusal of adoption privileges. I authorize JPAWS to contact all veterinarians and landlords listed on application. If my request for adoption is approved and later JPAWS discovers the above information is not true or correct, I understand that JPAWS reserves the right to require the return of the adopted pet as a breach of contract.

Signature: _____ Date: _____

To be completed by JPAWS staff:

Approved ___ Denied ___ Initials _____ Date _____