

# JUST ANIMALS SHELTER



“At Just Animals, we’re almost home”

516 Depot Street Unit A

P.O. Box 275, Mazon, IL 60444 **Phone:** 815-448-2510 **Fax:** 815-448-2511

E-MAIL: [adopt@justanimalsshelter.org](mailto:adopt@justanimalsshelter.org) <http://www.JustAnimals.org>

## Office Use Only

To Adopt:

Date Received:

Approved/Declined

***Incomplete Applications Will Not Be Processed***

**\*\*\* ADOPTION APPLICATION \*\*\***

Name: \_\_\_\_\_  
(First) (Last)

Phone (H): \_\_\_\_\_

Phone (W): \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

(City) (State) (Zip) EMAIL \_\_\_\_\_

**Please Check off the Appropriate Choices throughout this Questionnaire: WE DO NOT ADOPT TO PERSON'S Under 21**



ARE YOU: Married: \_\_\_\_\_ Single: \_\_\_\_\_ Roommates: \_\_\_\_\_  
21-40: \_\_\_\_\_ 41 – 60: \_\_\_\_\_ 61-80: \_\_\_\_\_ 81+: \_\_\_\_\_

**Emergency Contact: (someone from outside your own household)**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**YOU ARE CONSIDERING ADOPTING (Name of Animal):** \_\_\_\_\_

Male: _____ Female: _____ Breed Preference: _____  ____ Adult – (over 1 year old) ____ Adolescent – (4 m-1 year) ____ Puppy – (2-4 months) <b>DOG</b>	Male: _____ Female: _____ Long-Haired: _____ Short-Haired: _____ Color Preference: _____  ____ Adult – (over 1 year old) ____ Adolescent – (4 m-1 year) ____ Kitten – (2-4 months) <b>CAT</b>
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**Please Answer ALL questions by circling or answering in detail where indicated.**

- The reason I want a pet is :  
\_\_\_\_\_
- Is the pet for your family? YES \_\_\_\_\_ NO \_\_\_\_\_
- Does your entire family want a pet? YES \_\_\_\_\_ NO \_\_\_\_\_
- Is the pet a gift? YES \_\_\_\_\_ NO \_\_\_\_\_

5. If yes, who is the gift for? \_\_\_\_\_
6. Are all family members aware you are adopting a pet? YES \_\_\_\_\_ NO \_\_\_\_\_
7. How many adults in the household? \_\_\_\_\_
8. How many children in the household? \_\_\_\_\_ What are their ages? \_\_\_\_\_
9. Who has allergies, and to what animals? \_\_\_\_\_
10. Whose Responsibility is the care of this pet? \_\_\_\_\_
11. Vet costs can add up. The average sick call to a vet is around \$250.00? How much would you be willing and able to pay a vet should your pet become ill? \_\_\_\_\_
12. My pet will be kept in:
  - i. House \_\_\_\_\_ Garage \_\_\_\_\_ Basement \_\_\_\_\_ Outdoors \_\_\_\_\_ Outdoor Kennel \_\_\_\_\_ Tied Out \_\_\_\_\_ Crate \_\_\_\_\_
13. Will your pet be crate trained (*dogs only*)? YES \_\_\_\_\_ NO \_\_\_\_\_
14. Will you attend Obedience Classes (*dogs only*)? YES \_\_\_\_\_ NO \_\_\_\_\_
15. Are you prepared for chewing, digging, scratching, house training/litterbox accidents, and other mischievous behavior? YES \_\_\_\_\_ NO \_\_\_\_\_
16. How will you reprimand your pet? \_\_\_\_\_
17. It may take your new pet a month (or longer if other pets are involved) to adjust to its new home. How will you handle this? \_\_\_\_\_
18. How did you hear about us? \_\_\_\_\_
19. Have you applied for, or adopted a pet from us or any other shelter before? YES \_\_\_\_\_ NO \_\_\_\_\_
20. Where?: \_\_\_\_\_ When?: \_\_\_\_\_ Name of Pet: \_\_\_\_\_
21. Do you: RENT or OWN
  - House \_\_\_\_\_ Townhouse \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_ Live with Parents \_\_\_\_\_
22. If you own, do you have a fenced in yard (*dogs only*)? YES \_\_\_\_\_ NO \_\_\_\_\_
23. If renting, are pets allowed? YES \_\_\_\_\_ NO \_\_\_\_\_
  - Deposit Required? YES \_\_\_\_\_ NO \_\_\_\_\_
  - Weight Limit? \_\_\_\_\_ Lbs.
  - Name of Complex: \_\_\_\_\_
  - City and State of Complex: \_\_\_\_\_
  - Name of Landlord: \_\_\_\_\_
  - Landlord's Phone Number: \_\_\_\_\_
24. If you move where pets are not allowed, what will you do with your pets? \_\_\_\_\_

25. Animals presently living in the house (**Circle or Fill in Blanks – Each animal gets its own box**).

Pet Name: _____ Dog _____ Cat _____ Other _____ Breed: _____ Age: _____ Indoor _____ Outdoor _____ Male _____ Female _____ Spayed _____ Neutered _____ Vaccinated? _____ Declawed (cat only) _____ On heartworm preventative (dog only)? _____	Pet Name: _____ Dog _____ Cat _____ Other _____ Breed: _____ Age: _____ Indoor _____ Outdoor _____ Male _____ Female _____ Spayed _____ Neutered _____ Vaccinated? _____ Declawed (cat only) _____ On heartworm preventative (dog only)? _____
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26. Other than the animals listed above, please indicate additional pets you have owned in the last 5 years.

\_\_\_\_\_  
\_\_\_\_\_  
Were any lost? \_\_\_\_\_ Hit by a car? \_\_\_\_\_ Put to sleep? \_\_\_\_\_ Why? \_\_\_\_\_

27. Were any given away? \_\_\_\_\_ To Whom? \_\_\_\_\_  
Why? \_\_\_\_\_

28. Who is your Vet, and where is s/he located? \_\_\_\_\_  
\_\_\_\_\_  
Vet Phone #: \_\_\_\_\_

29. Is this your first pet? \_\_\_\_\_  
30.

Employer's Name: _____	Spouse or Roommate's Employer: _____
Hours per day: _____	Hours per day: _____
Position: _____	Position: _____
	Phone Number: _____

31. REFERENCES (non-family please):

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**THE INFORMATION ON THIS QUESTIONNAIRE WILL BE KEPT CONFIDENTIAL.**

**I CERTIFY THAT THE INFORMATION PROVIDED IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT JUST ANIMAL'S SHELTER HAS MY PERMISSION TO CONTACT ANY AND ALL OF MY LISTED REFERENCES AS WELL AS MY VETRENARIAN(S).**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



**For office use only:**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**Please have manager print card information and customer double check numbers:**

**Credit Card Number (Visa, Master Card or Discover):** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_ **V-Code:** \_\_\_\_\_ **Manager's Initials:** \_\_\_\_\_

**Customer signs after double checking:** \_\_\_\_\_