



Animal's Name: _____ **Date:** _____

When more than one application is received for an animal, the home most suited to the animal will be chosen.

ID: _____

Fields with Asteriks (*) are Required

ANIMAL ADOPTION APPLICATION

*Your Name (first, middle initial, last)		*Date of Birth
*Home Phone or Cell Phone Number	*Work Number	
*Spouse or Partners Name (first, middle initial, last)		*Date of Birth
*Home Phone or Cell Phone Number	*Work Number	
*Address	*City, State	*Zip
*Mailing Address	*Email	

Please List All Other Household Members, and Their Age

*Full Name	*Date of Birth	*Full Name	*Date of Birth

Current Pets in Your Home *All dogs, cats & ferrets must be current on rabies and dogs licensed*

*Pet's Name	*Species & Breed	*Age	*Sex	*Fixed?	*Rabies Vacc?

▪ My Vet Clinic is: _____ My Vet's Name: _____

*If you rent, are you allowed to have this animal on premises? Yes ___ No ___ Not Sure ___

*Landlord's Full Name: _____ Phone: _____

*Please List Two References: (i.e. Co-workers, friends and neighbors. Do not include JAR employees

1. _____ Phone: _____

2. _____ Phone: _____

*Printed Name: _____ *Legal Signature Required: _____

*By providing your email address you agree to receive regular e-communication from JAR.

*Please check this box if you would prefer not to receive future communications from JAR.