

Jennings Animal Shelter

2001 Isabelle St
Jennings, LA 70546

(337)246-1325 *Cell*
(337)821-5513 *Office*

ADOPTION APPLICATION

Name _____

Address _____

Driver's License number and state _____

Phone number _____

Alternate phone _____

Dog you wish to adopt _____

Name and ages of all residents in your home _____

If there is children in the home have they been around animals before _____

Is anyone in the home allergic to pets? _____

Do you currently have any pets? If so please list them.

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Are your current pets altered? _____

Are your current pets up to date on vaccinations? _____

Please provide a vet reference and give your vet permission to release information to me.

Do you rent or own your home? _____

How long have you been at this address? _____

If renting have you discussed adopting a pet with them? _____

Is there any breed restrictions? _____

Landlord's contact information _____

Do you have a yard? If so is it fenced in? _____

If you do not have a fence what is plan to exercise the dog?

We cannot guarantee a dog is housebroken or has any home manners. Are you willing to work with the dog and teach them? _____

What is your plan for the dog when you have to leave home, crate etc? _____

Is there any circumstances you see having to return the dog for? If so list

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I agree to return the dog if something should arise and I can no longer keep them.

I agree to have the dog altered within 30 days if not already done and to provide proof to the shelter once completed. I understand failing to do so will result in the dog being picked up and being banned from adopting or fostering again.

I agree that for the safety of the dog I will keep it inside or outside in a safe enclosure.

Note: NO DOG SHALL BE CHAINED OR TETHERED AS A PERMANENT WAY OF LIFE

I understand that the pet has been in a shelter environment and will need time to decompress and adjust.

Adopter _____

Date _____