



ADOPTION APPLICATION

Send to: PO Box 653, Jefferson City, TN 37760

Name _____ E-Mail _____

Address _____ City _____ State/Zip _____

Phone (H) _____ Cell Ph _____

Type of animal you are interested in adopting. Dog Puppy Cat Kitten Other

Have you ever SURRENDERED a pet to a shelter or rescue? Yes No

Name of Veterinarian _____ Phone # of Vet _____

Do you live in Apt. Condo Single/Doublewide House own rent

List all the animals currently in the household or on property. (even if not owned by you)

Type of animal	Age	Sex	Spayed/Neutered
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please use back of sheet for additional animals.

Why do you want this animal? Companionship Protection Breeding Show Other

Do you plan on keeping the animal inside outside both

If outside, how do you plan to contain the animal? fenced yard kennel lot chain none

Are you aware of the necessity of vaccines and heartworm preventatives for cats and dogs? Yes No

Are you aware of state/local ordinances (leash laws, rabies vaccinations, shelter, food, water)? Yes No

How did you find out about the pet you want to adopt? _____

I acknowledge that all the information on this form is true and correct.

(If any information is found to be false, the Animal Shelter will not adopt any animal to you now or in the future, If the animal has already been adopted, the Animal Shelter reserves the right to have Animal Control come to your home and remove the animal.)

Applicant's Signature: _____ Date: _____

Adoption Counselor's Signature: _____ Date: _____