JEFFERSON PARISH ANIMAL SHELTER APPLICATION FOR ADOPTION

Applicants must be over 18 years of age.

PLEASE PRINT ALL INFORMATION. IF A QUESTION DOES NOT APPLY, PLEASE ANSWER "NA"
IF THE FORM IS NOT COMPLETE, YOUR APPLICATION WILL NOT BE PROCESSED.

Name:_____ Driver's License No. State:_____

Occupation/Employer: _____ Date of Birth: _____

Street Address: _____ City:_____

Home Phone: _____ Bus. Phone: _____ Cell: _____

Email Address: _____

The Questionnaire assists our staff in determining what additional information you may require regarding the responsibilities of owning a pet and ensuring the pet is a good match for your family. Please bear in mind that you are considering making a commitment to feed, shelter, protect and love an animal for the rest of his or her life. We reserve the right to deny an application.

1. Which pet are you interested in? _____
2. What made this Pet stand out to you? _____
3. Please describe the temperament and activity level you are looking for in a dog. Check all that apply:

   ☐High Energy ☐Outdoorsy Dog ☐Lap Dog ☐Mellow ☐Affectionate ☐Quiet ☐Guard Dog

4. I would prefer a dog that:

   ☐Would enjoy walking with me on leash ☐Would enjoy going to the dog park

   ☐Would run, jog, or hike with me ☐Will exercise him/herself in our yard

   ☐Requires only enough exercise to do his/her business

5. Are you adopting this pet for yourself or gift? _____

   If gift, for whom? _____

6. Is the entire family in agreement to adopting this pet? ☐ Yes ☐ No
7. Who is the dog/cat primarily for (Adult/Child/Elderly)_____
8. Are there any children in the household? ☐ Yes ☐ No

   If yes, what are their ages_____

9. Does anyone in your household have allergies?

   If yes, to what allergens? _____

10. Do you own, rent, or live with parents? _____

    If rent or live with parents, please provide name and phone number.

    _____

11. Do you have permission from your parents/landlord to have a pet?

    If so, up to what size? _____

12. Will you allow a representative of our organization to visit your home? ☐ Yes ☐ No

13. Please list all the pets you own or have owned in the past five years:

Species/Name	Sex	Spayed/ Neutered	What happened to the pet? If deceased, what was their age?

14. Please provide the name and phone number for the veterinarian used for your current or past pet(s):

    _____

15. How can a dog get heartworms? _____

16. Do you consider heartworm prevention mandatory? ☐ Yes ☐ No

    If yes, how often do you give a dog prevention? _____

    Where do you purchase heartworm preventive (if not from your veterinarian)? _____

    If you currently own a dog, what brand of heartworm prevention do you use?_____

17. Have you had a dog with heartworms before? ☐ Yes ☐ No

    If yes, was the dog treated and where? _____

18. How many hours a day will your pet be left alone (ie, without humans)?

    _____

19. Will the pet stay inside with you while you are at home? ☐ Yes ☐ No

    If not, where will it be staying?

    _____

20. When left alone, where will you keep your pet?

    _____

    If outdoors, what type of shelter will you provide your pet?

    _____

21. Where will your pet sleep at night?

    _____

22. Do you have a fenced yard? ☐ Yes ☐ No

    If yes, what type of fence?

    _____

    If no, where and how often will the dog go outside?

    _____

23. Please explain the dog/cat daily routine.

    _____

    _____

    _____

    _____

    _____

24. What behavioral traits are not acceptable?_____

    If the animal has these traits, how will you handle it?

    _____

25. Under what circumstances would you not keep this pet?

    _____

    _____

26. Will your dog receive formal obedience training? ☐ Yes ☐ No

27. Have you ever surrendered to a shelter, given away, or sold a pet previously? ☐ Yes ☐ No

    If yes, please specify why and when

    _____

28. In the event that you move, evacuate for a hurricane, or experience any other life changing events, what will become of this pet?

    _____

29. How did you hear about the Jefferson Parish Animal Shelter?
    ☐ Friend
    ☐ Newspaper Ad
    ☐ Petfinder
    ☐ Buddy Break
    ☐ Other (Please Explain:_____)

By Signing below, I certify that the information given is true and correct and I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet. I also give my veterinarian permission to release any vet care records and information about my current and past pets. I understand that the JPAS has the right to deny my request to adopt.

Signature: _____ Date:_____

Approved / Denied

Clerk: _____