

JUNCTION CITY/GEARY COUNTY ANIMAL SHELTER

2324 N. Jackson, Junction City, Kansas 66441

(785) 238-1359

Lisa Junghans, Director

DOG ADOPTION APPLICATION

Name of dog(s) you are interested in adopting: _____

PLEASE NOTE: Completing this application is merely the first step towards adopting a dog. By submitting this completed application, you are neither guaranteed nor obligated to adopt. This is merely the beginning of a process that includes references, veterinarian references, phone interviews, and possible home visits.

1. FULL NAME:

2. STREET ADDRESS:

3. CITY, STATE & ZIP:

4. HOME PHONE:

5. CELLPHONE:

6. WORK PHONE:

7. BEST TIME/PHONE NUMBER TO CALL:

8. E-MAIL ADDRESS:

9. OCCUPATION(S):

10. Names, ages, and relationship of all individuals residing at this address:

11. How long have you lived at this address?

12. Do you rent or own your home? () OWN () RENT

If you rent, you must include documentation from your landlord that you will be allowed to have this dog in your dwelling.

13. Do you have a fenced-in yard? () YES () NO

14. If you move, what will you do with this dog?

15. Where will your dog be kept:

- a) during the day: _____
- b) at night: _____
- c) when home alone: _____
- d) when on vacation: _____

16. On average, how long will this dog be left alone each day? _____

17. Does anyone in the household have allergies to dogs? () YES () NO

18. Who will be primarily responsible for this dog? _____

19. Please provide the name and contact information for your veterinarian, or the one you will use with this dog:

VET CLINIC NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

20. Please list three other references we may contact regarding this adoption:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

21. Please list all types of pets (including breed, age, and gender), that currently live in your household (including outdoor animals):

TYPE	BREED	AGE	GENDER	SPAYED/NEUTERED?

22. Please list all types of pets you have owned in the last 5 years (not including those pets listed in #21 above):

TYPE	BREED	GENDER	SPAYED/NEUTERED?

23. If you have lost a pet or it died at an early age or due to an accident, please provide details:

24. If you have ever surrendered a pet to a shelter or a rescue group before, or gave your dog away, or had to put a dog to sleep, please provide details:

25. How much money to you plan on spending on this dog each year (food, vet, boarding, toys, etc.)? _____

26. Describe your reason(s) for wanting to adopt a dog:

27. Any other comments or notes:

By submitting this application, you are certifying that all information contained is true and correct, that you are over 18 years of age and the person responsible for making pet decisions in your family, and that you are looking to adopt a dog, give it a good and loving home, and accept full responsibility for the dog's care.
I agree to abide by all state and local pet control laws. I understand that it is my responsibility to become familiar with these laws.

Signature: _____

Date: _____