

**Jackson County Animal Shelter**

416 County Road R

Black River Falls, WI 54615

Phone: (715)-284-0251

Email: [animal.shelter@jacksoncountywi.gov](mailto:animal.shelter@jacksoncountywi.gov)



**Adoption Application**

Print Name (Required)

(STAFF USE ONLY) Animal ID and Name

Address (Required)

City, State, Zip Code

Phone Number (Required)

1. Do you own your own Home\_\_\_\_, Rent\_\_\_\_ **if you rent, you must provide the following:**

Landlord's name/ address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Are you 18 years old or older? \_\_\_\_\_

3. If you rent, does your landlord allow pets? YES, NO

4. Do you live in a House\_\_\_\_, Apartment\_\_\_\_, Duplex\_\_\_\_, Mobile Home\_\_\_\_ or Other\_\_\_\_ (please explain) \_\_\_\_\_

5. Are you currently a student?\_\_\_\_ If so, where do you attend \_\_\_\_\_

6. Are you currently employed? YES, NO

Where are you employed? \_\_\_\_\_

7. Do you have a securely fenced in yard? YES, NO

8. Are you planning to move in the near future? YES, NO

9. How many children do you have in the home?\_\_\_\_, Please list ages \_\_\_\_\_

10. Is someone home during the day? YES, NO

11. Are you adopting this pet for someone? \_\_\_\_\_

12. Is everyone aware in the household that you are getting a pet? YES, NO

13. Do the members you live with approve of you getting a pet? YES, NO

14. Is there anyone in the house that is allergic to any type of pet? YES, NO

15. Where will you keep your pet? Inside\_\_\_\_, Outside\_\_\_\_, Other \_\_\_\_\_

**PLEASE CONTINUE TO BACK FOR MORE QUESTIONS AND SIGNATURE**

16. Are you aware of the proper and on-going expenses that are involved in taking care of a pet such as regular vet bills, feed expenses, and or grooming? YES, NO

17. Do you agree this animal will be given professional veterinary treatment when it becomes ill or injured at your expense. Along with any damages and or any bites that happen after you adopt. I also agree and understand the Jackson County Animal Shelter makes no claims or representations as to the temperament, health, or mental disposition of any animal for adoption. YES or NO: \_\_\_\_\_

18. Do you have any objections to having you pet spayed or neutered NO, YES: \_\_\_\_\_

19. Do you have any other cats, dogs or pets in your home at this time? Cats \_\_\_\_\_,  
Dogs \_\_\_\_\_, Others \_\_\_\_\_

20. How many pets have you owned in the past 3 years Cats \_\_\_\_\_, Dogs \_\_\_\_\_,  
Others \_\_\_\_\_

NAME of Pet(s): 1 \_\_\_\_\_, 2 \_\_\_\_\_, 3 \_\_\_\_\_, 4 \_\_\_\_\_

SPECIES of Pet(s): 1 \_\_\_\_\_, 2 \_\_\_\_\_, 3 \_\_\_\_\_, 4 \_\_\_\_\_

21. Current Vet: \_\_\_\_\_

22. Current Vet Contact

Information: \_\_\_\_\_

23. Which Vet Clinics have you used in the past 3 years?

NAME: 1 \_\_\_\_\_, 2 \_\_\_\_\_

PHONE: 1 \_\_\_\_\_, 2 \_\_\_\_\_

24. Have you adopted from the Jackson County Animal Shelter in the Past? YES or NO

25. When was the last time you adopted from  
us? \_\_\_\_\_

26. **References (min of two please):**

\_\_\_\_\_  
\_\_\_\_\_

- ❖ I have been informed of and received a copy of the Jackson County Animal Shelters Adoption Requirements regarding leashes, carriers, license, and vaccination requirements.
- ❖ The Jackson County Animals shelter has permission to check my vet history, and get in contact with my landlord.
- ❖ I understand that if the animal is returned or taken from me because any of the above information was falsified, no refund will be given and I will no longer be able to adopt from the Jackson County Animal Shelter.
- ❖ I understand that this application is not a guarantee that I will be able to adopt.
- ❖ Jackson County Animal Shelter has the right to deny any applications.

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Signature

Date