



Advocates for Animals in Jackson County
PO Box 495
Sylva, NC 28779
www.advocatesforanimalsjc.org
828-477-4775

Adoption Application

Contact Information

Full name: _____

Occupation: _____

Address: _____

Length at current address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: Active Noisy Quiet Average

If you rent, please give the rules governing pets and the landlord's name and number:
(by providing this information you are allowing AFAJC to contact your landlord please inform them
of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt a dog?

Do you have time to provide adequate love and attention? _____

Are you aware of the estimated financial needs for a dog is over \$1,200 a year or around \$100 a month? Yes No

Do you have the financial means to care for this dog? _____

Other Pets

What other pets do you have (specify type and number)? _____

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not, why? _____

Are you familiar with positive reinforcement training for your pet? Yes No

Would you like more information on positive reinforcement training? Yes No

Veterinarian

Do you have a regular veterinarian? Yes No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing AFAJC with this information you are allowing AFAJC to call your vet. Please call your vet and ask them to authorize the release of information to AFAJC.)

About the Dog You Wish to Adopt

What is your idea of a perfect dog and why?

Desired age: _____ Desired Size: _____

Breed you would not adopt: _____

Desired sex: Female Male No preference

Willing to adopt: outgoing/hyper dog shy dog
 dog that needs regular medication dog that needs training
 dog that needs grooming None of these

Where will the dog spend the day? (*describe*) _____

Where will the dog spend the night? (*describe*) _____

Number of hours (average) dog will spend alone per day? _____

Where will the dog be when you are at work? _____

Will you have primary responsibility (financially and otherwise) for this dog's care? Yes No

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you agree to keep the dog as an indoor dog? Yes No

When the dog goes out, how do you plan to supervise it? _____

Do you have a fenced yard? Yes No

Do you agree to contact AFAJC if you can no longer keep this dog? Yes No

Are you willing to let a representative of AFAJC visit your home by appointment? Yes No

How did you hear about AFAJC? _____

Would you be interested in fostering? Yes No Would like to know more

Personal References

Please list someone who is familiar with both you and your pets.

Name:
Address:
Phone:
Relationship (relative, neighbor, friend, etc.):
Years known:

Name:
Address:
Phone:
Relationship (relative, neighbor, friend, etc.):
Years known:

Name:
Address:
Phone:
Relationship (relative, neighbor, friend, etc.):
Years known:

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian. If for any reason, unforeseen or otherwise, it is necessary to relinquish this pet, I will contact AFAJC immediately so that he can be returned to their care.

(Signature)

(Date)

Please list household members and provide signature and date. (Please list children and ages)

(Printed Name)

(Signature)

(Date)

(Printed Name)

(Signature)

(Date)

(Printed Name)

(Signature)

(Date)

(Printed Name)

(Signature)

(Date)