



Jo Ann's Foster Animals
1391 East Deshler Avenue
Columbus, OH 43206-3256
614-443-2341 or 614-578-6607
 www.joannsfosteranimals.com
 roscomom5@columbus.rr.com

APPLICATION FOR PET ADOPTION

Date:		Name of Desired Pet:	
Name:			
Address:			
City:		State:	Zip:
Telephone numbers: Home:		Work:	Cell:
E-mail Address:			
Are you presently: <input type="checkbox"/> Employed		Employer:	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
How long have you worked there?			
Reason(s) for adopting this pet:			
I understand that annual shots and veterinary care can cost between \$100-\$200 per year: <input type="checkbox"/> Yes <input type="checkbox"/> No			
I am willing to accept the additional cost of owning a pet: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Everyone in my household knows I am adopting this pet: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you rent or own:		It is a(n): <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home	
(If renting) my landlord permits pets: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Landlord's name:		Landlord's phone:	
Please list the names and ages of everyone living in your household:			
This pet will be an: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> In/Out		How many hours will this pet be alone?	
How many pets have you had in the past?			
List the names and types of your current pets:			
Please explain what happened to the pets you no longer own:			
My current pets live: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> In/Out		Where will your new pet sleep?	
How many pets have been spayed or neutered:		All shots/vaccinations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veterinarian name:		Veterinarian phone:	
May we contact this vet? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for large breed and active dogs)			
Did any of your pets die from Leukemia, FIP, FIV, Heartworm, Parvo or other unknown cases in the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			



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Reference Name:	Relationship:
Phone:	Best time to contact:
Comments:	

While Jo Ann's Foster Animals believes all adopted animals to be in good health, unless otherwise noted, we do not guarantee the health of any animal.

If you adopt an animal from Jo Ann's Foster Animals, we may make inquiries by phone or in person.

By submitting this application I contend that I am capable of handling and interacting with the pet I propose to adopt, and I am prepared to demonstrate this to the satisfaction of Jo Ann's Foster Animals. I further understand that completing this application is not a guarantee that I will be allowed to adopt a pet, and Jo Ann's Foster Animals has the right and responsibility to deny any adoption.

All information given on this application will be verified.

By submitting this application I agree to all above terms.

Signature: _____

Date: _____

Witness: _____

Date: _____

FOR RESCUE USE ONLY:

References Checked: Yes No

Driver's License No: _____

Homecheck Completed: Yes No

License Plate No: _____

Notes: _____
