

Office Use: Date & Time: _____

Phone: (920) 674-2048

Fax: (920) 674-9176

shelter@hsjc-wis.com

www.hsjc-wis.com



**HUMANE
SOCIETY**
OF JEFFERSON COUNTY

Open Monday through Saturday

1:00 p.m. to 6:00 p.m.

Closed Sundays and Holidays

W6127 Kiesling Rd

Jefferson, WI 53549

Adoption Application

Applicant

Name: _____

Applicant

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Type of residence: House Apartment Duplex/Condo Other: _____

If you are not the owner, please provide the homeowner's, landlord's, or association's contact information:

Name: _____ Phone: _____

Please describe the type of housing you plan to provide for this pet: _____

Please list the full names (including maiden names and other known names) and dates of birth of all adults 18 and over living in the home:

Please list the ages of any children living the home: _____

Please list the ages of any children frequently visiting the home: _____

Please list any animals you currently own:

Name

Type/Breed

Age

Gender

Spayed/Neutered?

Application Procedure:

- ◆ Once the application is submitted, **the approval process typically takes 1-3 business days.** We will notify you when the process is completed.

Release of Information – Please Read Carefully:

I certify that I am at least 18 years of age and have provided truthful and accurate information on this application. I give my consent for the Humane Society of Jefferson County to verify this information. I also authorize my veterinarian to release any information requested by the Humane Society of Jefferson County. I understand that animals will not be adopted to prospective owners who mislead or fail to provide accurate information. I understand that the HSJC has the right to deny my application. I also understand that the HSJC reviews each applicant and will not adopt an animal to applicants who have committed violent or animal-related offenses. If my adopted animal becomes ill, I certify that I am financially prepared to treat this animal at my own expense. The HSJC is not liable for any animal, or its actions, after the animal has been placed in its approved home.

Your signature indicates that you understand and agree to the above terms.

Applicant Signature: _____ Date: _____