

**Office Use:** Date & Time Received: \_\_\_\_\_

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**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

## Dog 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 dog's outdoor access at home:  Fenced Yard  Tie-Out  Invisible Fence  
(please check all that apply)  Leash walk  Other: \_\_\_\_\_

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:

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Please list the ages of any children living in the home: \_\_\_\_\_

Please list the ages of any children frequently visiting the home: \_\_\_\_\_

Please list any animals you currently own:

<u>Name</u>	<u>Type/Breed</u>	<u>Age</u>	<u>Gender</u>	<u>Spayed/Neutered?</u>
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## 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.
- ◆ **All family members, including canine, must meet the new dog** before adoption to help ensure compatibility.

## 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: \_\_\_\_\_