

**Juno Humane Inc
Adoption Application**

Please email to junohumane@gmail.com

Mail to: PO 261 Hobe Sound Fl. 33455

Phone: 561-440-3640

Pet Name: _____ Description: _____ M/F: _____

Microchip Number: _____

Applicant Information:

Applicant Full Name: _____ DOB: ____/____/____ Cell: (____)

Home :(____) _____ E-mail Address: _____

Address: _____ City: _____ State: _____

Zip: _____

Family/Household Information:

Number of adults in household/Ages: _____ Number of children in household/Ages:

Type of Residence:

____ House ____ Apartment ____ Condo

____ Own ____ Rent

If Rent

Landlord Name: _____

Phone (____) _____

Homeowner's Association? ___Y___N

Any Pet Restrictions? ___N/A___ Size ___ Weight ___ # of Pets ___ Breed Restrictions?

Fenced in yard ___Yes ___ No

Pool ___Yes ___No If Yes, Enclosed? ___Yes ___No

Employment Information:

Work from home? ___Yes ___No

Employer: _____ Work Phone: (____)

Working Hours: _____

Attend School: ___Yes ___No If Yes, Is anyone home during the day? ___Yes ___No

How many hours per day will your pet be without human companionship? _____

Please list two references:

Name:

Relation to me:

Length of time known:

Email address and phone number:

Name:

Relation to me:

Length of time known:

Email address and phone number:

Pet Information:

Do you have other pets? _____ Yes _____ No

If No, have you had pets in the past? Yes _____ No _____

If Yes, please list them below.

Name:	Breed:	Age:	M/F	N/S	Current location?

Veterinarian Information:

Veterinarian's Name: _____

Veterinarian's Phone : (____) _____

Address: _____
_____ Zip _____

City _____ State _____

Are your current pets spayed or neutered?

Up to date on vaccines? ___Y___N On HW prevention ___Y___N Flea Prevention ___Y___N

Have you ever given an animal away or relinquished an animal to a shelter? ___Y___N

If yes, what were the circumstances?

Where will your dog be housed during the day? ___crated___ Inside loose ___Other

Where will your dog be kept when unsupervised or when left alone? ____ Crated, ____ Own room,
____ Inside loose, ____ Other : _____

Where will dog sleep? ____ crated ____ Inside loose/bed ____ Other

Who in the household will be the dog's primary care giver?

In case of emergency, who will care for your dog?

How many times per day do you plan to take your dog outside?

What will you do with your dog when you move? _____

Get married/divorced _____

Get a new job/quit job _____

Have a baby _____

PLEASE READ CAREFULLY AND INITIAL

- ❖ Adopting a pet is a serious and **long-term commitment**. A pet you adopt today will likely be a part of your family for the next 10 to 15 years! Each pet has its own personality and preferences that you can help shape **through love and conscientious training**. _____ (initial)
- ❖ A dog makes considerable demands on your time and resources. Dog parents need to spend time walking, grooming, training, and playing with their dogs every day. Some dogs may require professional grooming or training (**puppies need to be trained to do everything**). _____ (initial)
- ❖ Dogs require **special food and regular veterinary care**. This includes annual vaccination and **MONTHLY PREVENTIVE MEDICATIONS FOR HEARTWORM, FLEAS AND TICKS!** Even in the case of healthy animals, these expenses can exceed \$1,500 a year. _____ (initial)

- ❖ If you are adopting a PUPPY, please be aware that they may not be finished with the required puppy shots. We will require proof that the puppy has received the proper vaccinations if they are not complete when you adopt. _____ (initial)
- ❖ Juno Humane Inc has the right to request proof of required additional puppy vaccinations and spay/neuter contract must be signed. _____ (initial)
- ❖ I agree to care for the animal in a **humane manner and be a responsible animal guardian**. This includes supplying adequate food, water, shelter, companionship, attention, and medical care. _____ (initial)
- ❖ Are you prepared to accept the financial and personal responsibility for a pet? ___ Yes ___ No
- ❖ A representative from Juno Humane may follow up with you and your pet by visiting you in your home or by talking with you over the phone. **We would visit your residence by appointment only**. Are you willing to allow a Juno Humane representative to periodically follow up to see how the dog is doing in his/her new home? ___ Yes ___ No
- ❖ I agree that if at any point I cannot keep the pet, I will return him/her to Juno Humane Inc. **I WILL NOT RELINQUISH TO AN ANIMAL CONTROL FACILITY OR REHOME WITHOUT CONTACTING JUNO HUMANE INC** _____ (initial)
- ❖ The animal will receive proper food and water, shelter, companionship and loving humane treatment, and will not be left alone for extended periods of time (more than an average work day) or live outside. (initial) _____
- ❖ I understand that with some of our pets, Juno Humane may not have extensive knowledge of the animal, including medical condition/background and disposition. Juno Humane makes no warranties with regard to the health of the animal or animal's behavior and disclaims any liability for the animal's medical condition, sickness, disease or behaviors. (initial)

- ❖ When I assume ownership, the pet will receive annual veterinary care and will be treated immediately for any illness or injury that may occur. (initial) _____
- ❖ The pet will not be subject to harassment and **will be protected** from other animals in my care. (initial) _____
- ❖ I release Juno Humane, volunteers, crew, fosters, representatives, and the veterinary hospital treating the animal at the request of Juno Humane, from any and all claims and actions including but not limited to property damage, personal injury to me, family members, other individuals and other animals from biting, scratching, transmittal of disease, and/or any other matter attributable to said animal (s). (initial) _____
- ❖ Adoption Fee: Minimum donation of \$175.00 (initial) _____

❖ I give permission for a representative of Juno Humane Inc to call the references and veterinary practices I have listed. (initial) _____

❖ I understand that I will be responsible for ALL further financial needs and all other expenses that may occur during ownership. Any exceptions will be listed below and signed and approved by Jennifer Myers, Juno Humane Inc.

Exceptions:

❖ I understand that Juno Humane Inc has the right to deny any application. _____ (initial)

I UNDERSTAND AND AGREE TO THE ABOVE TERMS. I UNDERSTAND THAT IF I KNOWINGLY FAIL TO COMPLY WITH THE ABOVE TERMS, OR IN ANY WAY PUT THE ANIMAL IN A SITUATION WHICH ENDANGERS HIS/HER HEALTH, JUNO HUMANE MAY TAKE APPROPRIATE ACTION, INCLUDING RESUMING OWNERSHIP OF THE ANIMAL AND/OR LEGAL ACTION AGAINST ME.

Adopter signature

Printed Name

Date

This is a legally binding contract.

I agree that all statements I have made on this application are true. If it is found that any statements I have made on this application are not true, the adopted animal will be confiscated and brought back into the loving care of Juno Humane Inc

All Household Residents must be in Total Agreement of the Adoption. All persons residing in the residence above the age of 18 must sign and date.

Applicant Signature

Applicant Printed Name

Date

Applicant Signature

Applicant Printed Name

Date

Applicant Signature

Applicant Printed Name

Date

Pet Adoption Agreement

Description of Pet:

Pet Name: _____
Description: _____

Adopter Information:

Name(s): _____
Address: _____
City: _____ State: ____ Zip: _____

This Application has been approved by Juno Humane Inc.

Juno Humane Signature

Juno Humane Printed Name

Date

Adoption Fee Rec'd.