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JARM1234@earthlink.net
www.jarmission.org

Date: _____

Adoption Application & Contract

Please initial on the line next to each item to acknowledge you have read and agree to abide by it.

Jasper Animal Rescue Mission (JARM) only adopts pets to self-sufficient adults (over the age of 21) who demonstrate that they are responsible persons and can give adequate assurances that they intend to provide proper care for this animal's entire life (15-20 years). **My age is** _____. Please present your driver's license for verification.

_____ Proper care includes: Proper diet, fresh water, safe shelter from the elements, ongoing routine medical care, and adequate supervision, training, exercise and companionship.

_____ I will diligently attend to the health and welfare of this pet, providing vaccinations and heartworm prevention along with emergency medical care and regular checkups by a licensed veterinarian.

_____ I have never abused or neglected an animal.
If I am adopting a cat or kitten, I promise to **never declaw** the feline.

_____ I am not adopting this pet to be given to another person.
My residence allows pets of this breed and I am responsible for this Pet Deposit Amount: _____.

_____ This is an adoption, NOT A SALE, and JARM reserves the right to postpone, refuse, or rescind any adoption. JARM may also perform unannounced home visits. I agree that JARM may reclaim the animal if this adoption agreement is not adhered to.

_____ \$100.00 (one hundred dollar) adoption donation for cats/kittens.
\$125.00 (one hundred twenty five dollar) adoption donation for dogs/puppies.
Additional charges may apply if the adoption donation is paid using a credit or debit card.
The adoption donation is NOT refundable.

_____ I understand that the adoption donation includes 30 days free pet insurance (if an e-mail address is provided), the cost of age-appropriate vaccinations (including rabies), spaying or neutering, and a microchip. If not previously performed, all necessary shots to complete a series may be purchased from JARM after the adoption for a donation of \$20.00 (twenty dollars) per shot. Once the initial series is complete, I must take the animal to a veterinarian for continued care.

_____ I understand that if I am no longer able to care for my pet I must contact JARM to return this pet. I will NOT rehome this pet via internet ads or otherwise.

Special Conditions or Other Agreements: _____

_____ I understand that JARM (Jasper Animal Rescue Mission) cannot guarantee the health, temperament or behavior of this animal(s) after I accept ownership and no refund will be offered. I hereby agree to release and hold harmless JARM from any and all liability. I agree to take the animal to the veterinarian within a week for a wellness checkup which should include additional de-worming as needed, heartworm prevention and flea/tick prevention. JARM will not be financially responsible for any veterinary costs after point of adoption. I understand that the cost of caring for this pet can range from \$500-\$700 *minimum a year*.

****All animals receive routine de-worming during their stay at the shelter however ADDITIONAL deworming at your own veterinarian at your expense may be needed****

I have read and understand all of my obligations regarding this adoption and the welfare of the animal.

I certify that the information on all five pages of this application and contract to be true and I understand that any false information may result in cancellation of the adoption.

Applicant Signature

Spouse/Partner Signature

Date _____

Approved by: _____
JARM Representative

Pet Name: _____

JARM Use Only: **Checked DNA?** Yes / No

Adoption Location: JARM / Petco / PetsMart,Beau / Petsmart,Bluf / BB Thrift / Other

Pet's Name _____ Pet ID#: _____

Breed _____

Personal Data: Adopter: Please complete the remaining pages, Please Print

Name: _____ Spouse/Partner's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell #'s: _____

Emergency contact: Name _____ Phone # _____

Please ***Print*** your e-mail address to be legible for 24PetWatch and/or JARM to contact you.

E-mail Addresses: _____

Are you: Working _____ Retired _____ Attend School _____ Other _____

Employer _____ Employer's Phone: _____

Employer Address: _____ Zip Code: _____

Drivers License # _____ DL # Verified by JARM Representative _____

State _____

Spouse/Partner's Employer: _____

Spouse/Partner's Employer's Phone: _____

Method of Payment: Credit Card / Cash / Check

Your pet's microchip information will be registered with 24PETWATCH pet recovery database.

Please choose one of the following options:

Yes, I consent to the release of my name and telephone number to anyone who finds my pet.

No, I prefer that communications be only through 24PETWATCH.

Have you ever adopted from us before? Yes No If yes, when _____

How did you hear about JARM? Word of mouth (who) _____

Walk-in Adoption Event Newspaper PetFinder Adopt-A-Pet

Other (explain) _____

Household Information:

List names and ages of **all individuals** living in household (including yourself):

Name: _____ Age: _____ Phone #: _____

Name: _____ Age: _____ Phone #: _____

Name: _____ Age: _____ Phone #: _____

Name: _____ Age: _____ Phone #: _____

Do you: Rent: _____ Own: _____ Military On Base: _____ Off Base: _____

Landlord or Apartment Complex Information: _____

Name: _____ Phone #: _____

Pet Deposit Amount: _____

Are there any breed or weight restrictions by your landlord or complex? _____

Explain: _____

Reason for adopting: Family pet _____ Companion for another animal _____

Other (explain) _____

Have you had a pet before? _____ Where is that pet now? _____

Please list all other pets in this household, including ages and sexes:

Type of animal _____ Age _____ Yrs / Mos (circle one) Sex _____

Type of animal _____ Age _____ Yrs / Mos (circle one) Sex _____

Type of animal _____ Age _____ Yrs / Mos (circle one) Sex _____

Please use back of page to add more animals living in your household if needed.

Are all other pets spayed or neutered? _____

If not, please explain: _____

Please list Veterinarian used for annual check-ups: _____

What type of heartworm / flea & tick preventative is currently being used: _____

Please describe any concerns or reservations you may have about adopting this pet: _____

Will your pet live inside or outside? _____ If outside, what shelter will be provided? _____

Number of hours pet will be left alone: _____

Where will the pet be kept during the day? _____

Where will the pet be kept during the night? _____

What kind of discipline/correction will you use with your new pet?

If you had to move what would you do with your pet? _____

Who will care for your pet if you are unable to? _____

In the event of a hurricane evacuation what would you do with your pet(s)? _____

Answer only if adopting a dog:

How do you plan to potty train your dog/puppy: (since the dog(s) have lived in the shelter for a while they need to be retrained to be housebroken)? _____

If crated inside, what is the longest period the dog will be left in crate? _____

Will the dog have a fenced yard or be exercised on a leash? _____

Will the dog EVER be kept tied up or on a chain? _____

Will the dog receive heartworm prevention? _____ Flea & tick prevention? _____

Will you be enrolling your dog/puppy in obedience school? Yes _____ No _____