



Jasper County Animal Rescue League & Humane Society (JCARL)
5411 Liberty Avenue, Newton, IA 50208
(641) 792-5407 • jcarl@iowatelecom.net • www.jcarl.org

Office Use Only	
Animal Name _____	Animal Number _____
ACO _____	Vet Appt. Date _____
Paid _____	Cash _____
Check # _____	Other _____
Name of property owner that approved or denied _____	
Approved by _____	Date _____

Microchip Tag Here

Pre-Adoption Application:

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Home phone number _____ Cell phone number _____
Emergency name and number for microchip _____
Name of spouse or roommate(s) _____
Occupation _____ Place of employment _____
Occupation of spouse or roommate(s) _____
Please list age of children living in your home _____
Do you rent? _____ If so, name and phone number of landlord _____

To receive 30 days of Free pet insurance, please enter your email address _____



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Please list all animals you have had in the past 2 years. _____

If you no longer have an animal listed above, please explain why _____

Are your animals current on vaccinations? _____ Are they spayed or neutered? _____
Name, address and phone of the vet you will use for this animal _____

Have you used a vet other than this one in the past year? _____ If so, please provide name,
address and phone of previous vet _____

Does anyone in your home have allergies? _____ If so, are they under a doctor's care? _____
Has the doctor cleared them to have a pet? _____

Do you have any questions or concerns with the animal you want to adopt? _____

What would you do if this animal became destructive? _____

What would you do if you were no longer able to care for your pet? _____

Initials of adopter _____ Initials of ACO _____



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CAT ADOPTIONS (please fill out this section)

Do you plan on declawing? _____ If so, why? _____

Would you like suggestions for alternatives to declawing? _____

If you own other cats will this new pet be using the same litter box? _____

What attracted you to this cat? _____

What brand of food will you feed your cat? _____

Have you ever purchased Science Diet? _____

DOG ADOPTIONS (please fill out this section)

Where do you plan to keep this dog? _____

Do you have a fenced yard? _____ Approximate size of yard? _____

How many hours per day will the dog be left alone? _____

What brand of food will you feed your dog? _____

Have you ever purchased Science Diet? _____

If a puppy, how do you plan to train/discipline your pet? _____

Thank you for completing an application for adoption. We will review your application and verify your information. This process can take 24 to 48 hours. If we cannot verify your information during your visit to the shelter, the Director or member of our staff will call you as soon as all of the information is verified. Please be patient during this process. This is to ensure that our animals get the best home possible.

By signing this application, you acknowledge that all of the information entered by you is truthful. You are also giving us permission to verify any information given by your vet or property owner.

Signature _____ Date _____

Notes: