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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, over the age of 25 for active-duty military) 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: \_\_\_\_\_

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Please initial below:

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

**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: \_\_\_\_\_

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

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

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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?

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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)? \_\_\_\_\_

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**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)? \_\_\_\_\_

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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 \_\_\_\_\_