



Georgia Jack Russell Adoption

Adoption Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address (if you have one): _____

Best Time to Call: _____ Occupation: _____

Do you own or rent your home? Own Rent

If you rent, do you have landlord's permission to keep a dog? Yes No

Name of Landlord _____ Phone No _____

Do you live in a House Apartment Trailer Other (Describe)

How long have you lived at this address? _____

Do you have a completely fenced yard suitable for a dog? Yes No

Do you have a kennel run? Yes No

Describe fence or kennel run type, height and size: _____

If no fence or kennel, how will you handle terrier's exercise and toilet needs?

Do you have a suitable dog crate? Yes No

How many adults in the household? _____ How many children? _____

Age and gender of children? _____

Who will take care of the dog? _____

Are any members of your household allergic to animals? Yes No

How many hours a day must terrier be alone? _____

Are there other visitors to your home, human or animal, with which a new dog will have to interact? _____

Does everyone in the household agree to a new dog? Yes No

Please describe your lifestyle: Active Passive

How did you learn of Georgia Jack Russell Rescue?

Do you own other dogs? Yes No Spayed/neutered? Yes No

Please list breed, size, and gender of each:

Are your current pets on current heartworm preventative? Yes No

What type? _____

Are your pets on current flea preventative? Yes No

Do you own cats? Yes No If yes, how many? _____

Any other animals? Yes No

If yes, please describe: _____

How many dogs have you owned in the past five years? _____

If you do not still own the dog(s), please describe what happened to it/them. Please be specific.

Have you ever give up an animal before? Please be specific.

Have you ever owned a Jack Russell Terrier before? Yes No

Why did you choose this breed? _____

What activities do you plan with this dog?

Pet Guard Hunting Obedience attend JRTCA terrier trials
 Other _____

Do you intend to keep this dog primarily? Indoors Outdoors

Where will the dog sleep? _____

Where will the dog be during the day? _____

Do you have a regular veterinarian? Yes No

Vet's Name: _____

Vet's Address: _____

Vet's Phone Number: _____

Do you want to adopt a Male Female No Preference

Age Preference: Young Adult Senior

I would be willing to consider a suitable dog of a different sex age

Personal Reference

Name: _____

Phone: _____

Send completed application to:

Donna Durham
2008 Bethel Road
Conyers, GA 30012 or attach and email donna.durham@att.net