

Humane Society of Central Illinois

“OTHER” ADOPTION APPLICATION (Staff use) ID # _____ ARK checked ____/____/_____

In order to be considered for an adoption you must: **1)** be 21 years of age **2)** have the knowledge and consent of all adults living in your household **3)** have a valid ID with current address **4)** understand that completing this application does not guarantee adoption and that the Humane Society of Central Illinois must approve your application.

Name _____ Date ____/____/_____
(Please print name(s) of all adults in the home)

Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

If we may use e-mail to contact you, please include an address _____

DO YOU: Attend School _____ Work _____ Employer _____ Spouse's employer _____

DO YOU LIVE IN A: House _____ Apartment _____ Condo _____ Dorm _____ Mobile Home _____

DO YOU: Rent _____ Own _____ Live with Parents _____ Landlord's Name _____

Landlord's Address _____ Phone _____

How long at current address _____ If less than 1 year, please list previous address and how long there?

Please provide the following information about your household: Number of adults: _____ Number of children _____

Ages of children _____ Who will be primarily responsible for the care (feeding, grooming, exercise and training) of your new pet? _____

Why would you like to adopt a pet from us? Please check all that apply. Companion _____ Gift _____ To breed _____

For a Child _____ Companion for another pet _____ Other _____

How many pets do you have now: Dogs _____ Cats _____ How many pets have you had in the last 5 years _____

Please list any pets *you now have or have had* in the past. If more space is needed use additional sheet.

<u>NAME</u>	<u>TYPE/BREED</u>	<u>AGE</u>	<u>SEX</u>	<u>FIXED?</u>	<u>WHY YOU NO LONGER HAVE</u>

Have you ever adopted an animal from a shelter? If yes, Where? _____ When? _____

Are your current pets up to date on vaccinations and other necessary vet care? _____

What veterinarian would have records (past/present)? _____

Which veterinarian do you plan to use? _____

By signing below, I certify that the information given is true and correct and I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet. I also give my veterinarian permission to release any vet care records and information about my current and past pets to the Humane Society of Central Illinois. I understand that this application is the property of the Humane Society of Central Illinois and that the Humane Society of Central Illinois has the right to deny my request to adopt.

Signature _____ Date ____/____/_____