

Animal interested in: _____

Humane Society of Central Illinois DOG ADOPTION APPLICATION

In order to be considered for an adoption you **must:** 1) **be at least 21 years of age** 2) have the knowledge and consent of all adults living in your household 3) have a valid I.D. 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.

Adopter _____
First Name Middle Last Name

Co-Adopter(s) _____
(Please print name(s) of all other adults in the home)

E-mail: _____ Add to HSCI email list

Address: _____ **Unit #** _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **Alternate Phone:** _____

Please send me information (email or text) on shelter events. Yes No

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

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

DO YOU: Rent: _____ Own: _____ Live with Parents _____ (If so, Parents' names) _____

Landlord's Name: _____ **Landlord's 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: _____ **Do the children live in the home fulltime?** _____

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.

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

TURN PAGE OVER – COMPLETE BACK

Have you ever adopted from HSCI? _____ When? _____

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

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

Whose name are the vet records under? _____

Which veterinarian do you plan to use? _____

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

Do you plan on taking the dog to training classes? _____

How much do you anticipate spending yearly on food, vet care and other expenses for your dog? _____

How much time will this dog be alone (without human companionship) Hours _____ Days a week _____

Where will your dog stay: primarily inside? _____ outside only? _____

Where will the dog be kept when home alone? _____

Where will you exercise this dog? _____ how often? _____

Do you have a *fully* fenced yard? _____ What type of fence? Wood _____ Chain-link _____ other: _____

Describe how you will housetrain a dog: _____

How will you discipline or correct your dog? _____

How long do you expect it to take your new dog to adjust to its new home and learn proper behaviors? _____

Are you interested in adopting: a dog? _____ or puppy? _____ Up to what age? _____ sex: F or M

Hair length? _____ Weight/size as an adult? _____ Any other specifics? _____

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. In the event of an adoption, I authorize the Humane Society of Central Illinois to share my email and information with Hill's Science Diet and the pet's microchip manufacturer. I authorize the Humane Society of Central Illinois to use my likeness in a photograph in any and all forms and media, including but not limited to publications, brochures, websites, exhibitions, digital media, social media such as Facebook, and any other printed or digital publications.

Signature _____ Date _____

Signature _____ Date _____

Staff use only: ID checked ____/____/____

Ark checked ____/____/____

Landlord checked: ____/____/____

Staff notes _____
