

Macon County Animal Control and Care Center

2820 Parkway Drive, Decatur, Illinois 62526 Ph: 217.425.4508 Fax: 217.425.4511

Dog/Puppy Adoption Application

In order to adopt an animal from the Macon County Animal Control and Care Center, the applicant must be over the age of 18 and approved based off of the completed application. Please keep in mind adopting a pet is a lifetime commitment! Submitting this application does not automatically mean you are able to adopt.

PLEASE FILL OUT THE APPLICATION COMPLETELY. IF A QUESTION DOES NOT APPLY, WRITE N/A.

Name: _____ D.O.B: _____ Driver's License State: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home/Cellular Phone: _____ Work Phone: _____

Name of the animal you are applying to adopt _____

Do You Own/Rent? _____

Landlord's Name AND Contact Phone Number: _____

How Long Have You Lived at This Address? _____

Please List Names and Ages of All Members of the Household, Including Children:

- | | |
|----|----|
| 1. | 2. |
| 2. | 4. |
| 5. | 6. |

PLEASE LIST YOUR CURRENT PETS:

(PLEASE DO NOT INCLUDE YOUR PARENTS ANIMALS UNLESS YOU LIVE WITH THEM)

Name _____ Age _____ S/N _____ Breed _____ Current on Vaccines? _____

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Name _____ Age _____ S/N _____ Breed _____ Current on Vaccines? _____

Are Your Currents Pets Kept INDOORS or OUTDOORS? _____

Who is Your CURRENT Veterinarian? _____ Phone # _____

Whose Name are the Records Under? _____

PLEASE LIST PREVIOUS PETS OWNED IN THE PAST FIVE (5) YEARS:

Which Vet Was Used for these Pets? _____

Phone Number: _____

Name _____ Age _____ S/N ___ Breed _____

Last Year Animal Was in Your Care: _____ Reason You No Longer Have Animal: _____

Name _____ Age _____ S/N ___ Breed _____

Last Year Animal Was in Your Care: _____ Reason You No Longer Have Animal: _____

Name _____ Age _____ S/N ___ Breed _____

Last Year Animal Was in Your Care: _____ Reason You No Longer Have Animal: _____

Have You Ever Surrendered a Pet to a Shelter or Given a Pet Away? If Yes, Please Explain: _____

Will this animal be kept INDOORS or OUTDOORS _____

Do You have a Fenced in Yard? _____ If Yes, What Height and What Type? _____

All animals adopted are in "as is" condition. MCAC makes no representations or warranties as to the health, condition, personality, or temperament of this animal. There is a possibility that this animal may become sick after leaving the shelter. Do you understand that it is your responsibility to treat this animal? _____

PLEASE READ and SIGN

I hereby certify that all information in this adoption application is true and complete to the best of my knowledge. I understand that the Macon County Animal Control and Care Center has the right to approve and deny the application. I also give the permission for shelter personnel to contact all veterinarians to confirm the health and vaccination records of my current and past pets.

APPLICANT'S SIGNATURE: _____ DATE: _____

For Internal Use Only: _____

Interviewed By: _____

Manager Reviewed By: _____

APPROVED? Y/N

Staff Notes: _____