

Macon County Animal Control and Care Center

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

Cat/Kitten Adoption Application

Please Read:

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. All applications will be reviewed by the shelter manager who has the authority and say if the applicant is approved or not. Please keep in mind adopting a pet is a lifetime commitment! Consider the responsibility it takes to care for the animal. 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: _____

In What Type of Property Do You Live? (home, condo, apartment, mobile home)

Do You Own/Rent? _____

Landlord's Name AND Contact Phone Number: _____

How Long Have You Lived at This Address? _____ Do You Plan on Moving in the Next 5 Years? _____

Have You Had Pets Before? **Y/N** If Yes, **How Long Ago** and **What Type** of Pet? _____

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

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

If You Could Not Take Care of Your Pet, Who Would (NOT other members of the family)? Please List their Name, Relation, and Contact Phone Number (YOU MUST DO THIS): _____

DO YOU UNDERSTAND THAT IT MAY TAKE AS LONG AS SIX(6) MONTHS FOR OUR NEW PET TO ADAPT TO YOUR HOME? _____

What Arrangements Will Be Made for You Pet When You Travel (boarding, travel with you, pet sitter, etc..)?__

Which Cat/Kitten Are You Interested in Adopting? _____

Why Are You Interested In Adopting a Cat/Kitten? _____

Please List 2 or 3 References For Us To Call. List Name, Relation, and a Phone Number:

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

PLEASE LIST YOUR CURRENT PETS:

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

Name _____ Age _____ S/N _____ Breed _____ Length of Time Owned _____

Name _____ Age _____ S/N _____ Breed _____ Length of Time Owned _____

Name _____ Age _____ S/N _____ Breed _____ Length of Time Owned _____

Name _____ Age _____ S/N _____ Breed _____ Length of Time Owned _____

Are Your Currents Pets Kept INDOORS or OUTDOORS? _____

Who is Your CURRENT Veterinarian? _____

If this is an Out of State Vet, Please Provide the Phone Number: _____

Whose Name are the Records Under? _____

Are Your Current Pets Updated on Vaccines? **Y/N**

What Type of Heartworm Preventative is Used for Your Animals? _____ Date Last Given: _____

What Type of Flea Preventative is Used for Your Animals? _____ Date Last Given: _____

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: _____

Under What Circumstance Would You Consider Giving Away Your Pet? _____

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

Why Did You Select This Particular Cat? _____

Please List ANY Traits You Find Undesirable For a Pet? _____

What is the Activity Level at Your Household? **Low/Medium/High**

How Many Hours Will Your Pet Be Alone During the Day? _____ During the Night? _____

As a Kitten, Where Will the Cat be Kept During the Day? _____ During the Night? _____

As an Adult, Where Will the Cat be Kept During the Day? _____ During the Night? _____

Where Will the Cat Be Kept While You are at Home? _____

Though Most Cats/Kittens Quickly Adapt to Using the Litter Box, Do You Understand the Accidents that Could Occur While He/She is Adjusting to the New Environment? **Y/N**

How Do You Plan to Handle and Correct Any Problem Behaviors, Such as Scratching Furniture and Nocturnal Play? _____

Please Estimate Your YEARLY Expense for a Cat. Include Food, Vet Care, Grooming, Boarding, Toys, or Any Other Applicable Expense. Please Guess if You Do Not Know! _____

THERE IS A GOOD POSSIBILITY THAT AN ADOPTED PET MAY BECOME SICK AFTER LEAVING THE SHELTER. DO YOU UNDERSTAND IT IS YOUR RESPONSIBILITY TO TREAT THE ANIMAL? _____

Please List Some Vaccines and Veterinary Care You are Aware of and How Often They are Administered. If You Do Not Know, Please Ask and We Will Be Happy to Inform You! _____

Are You Aware of the Importance of Flea Preventative, as Well as Where it can be Properly Purchased? _____

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: