

# 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

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 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? \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ S/N \_\_\_\_\_ Breed \_\_\_\_\_ Current on Vaccines? \_\_\_\_\_

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? \_\_\_\_\_

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 cat be kept INDOORS or OUTDOORS? \_\_\_\_\_

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: \_\_\_\_\_

Interviewed By:

Manager Reviewed By:

APPROVED? Y/N

Staff Notes: