

DEWITT COUNTY ANIMAL CONTROL/SHELTER 5955 Weldon Springs Road CLINTON, IL. 61727  
SHELTER PHONE: 217-935-3033

ANIMAL ADOPTION APPLICATION

(APPLICATION MUST BE FILLED OUT COMPLETELY. ANY FALSE STATEMENTS OR ANSWERS WILL BE CAUSE FOR ANY APPLICANT TO FORFEIT ANY RIGHT TO ADOPT ANY ANIMAL FROM THE DEWITT COUNTY ANIMAL SHELTER .

DEWITT COUNTY RESERVES THE RIGHT TO DETERMINE WHO IS SUITABLE TO ADOPT ANY ANIMAL FROM THE ANIMAL SHELTER.

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE, ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

LENGTH OF TIME AT ADDRESS: \_\_\_\_\_ ( ) OWN ( ) RENT ( ) LEASE

E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HOW DID YOU HEAR ABOUT DEWITT COUNTY'S PET ADOPTION PROGRAM? \_\_\_\_\_

WHY DO YOU WANT TO OWN A DOG OR CAT? \_\_\_\_\_

HAVE YOU OWNED A PET BEFORE? YES ( ) NO ( ) KIND/SEX/AGE: \_\_\_\_\_

WHAT HAPPENED TO HIM/HER? \_\_\_\_\_

DO YOU HAVE ANY ANIMALS NOW? YES ( ) NO ( )

IF YES, DESCRIBE YOUR ANIMALS BELOW:

(BREED: #:)	COLORS:	SEX:	NAME:	RABIES VACC/REG DATE:	TAG
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(IF YOU HAVE MORE THAN FOUR ANIMALS, LIST ON A SEPERATE PIECE OF PAPER. IF YOUR ANIMALS ARE CURRENTLY VACCINATED AGAINST RABIES AND REGISTERED, YOU MUST PROVIDE THE RABIES VACCINATION CERTIFICATE AT THE TIME OF ADOPTING ANY ANIMAL FROM THE DEWITT COUNTY ANIMAL SHELTER.)

NAME, ADDRESS & PHONE NUMBER OF YOUR CURRENT VETERINARIAN THAT YOU WILL USE FOR RABIES VACCINATION AND SPAYING OR NEUTERING:

\_\_\_\_\_

IS SOMEONE HOME DURING THE DAY? ( ) YES ( ) NO NAME: \_\_\_\_\_

IF NO ONE IS AT HOME DURING THE DAY, WHO WILL LOOK AFTER THE ANIMAL? (NAME, ADDRESS, PHONE NUMBER)

WHERE WILL THE PET BE KEPT DURING THE DAY? \_\_\_\_\_

WHERE WILL THE PET BE KEPT AT NIGHT? \_\_\_\_\_

WHO ELSE LIVES IN YOUR HOME? ( ) HUSBAND ( ) WIFE ( ) CHILDREN ( ) OTHER(S)

(NAMES OF HUSBAND, WIFE, CHILDREN (AGES) OR OTHERS LIVING IN HOME )

DO YOU HAVE A FENCED YARD? YES ( ) NO ( ) TYPE/HEIGHT: \_\_\_\_\_

IF YOUR YARD IS NOT FENCED, PLEASE DESCRIBE HOW YOU PLAN TO CONFINED YOUR PET ON YOUR PROPERTY? \_\_\_\_\_

DESCRIBE YOUR EXERCISE PLAN FOR YOUR NEW PET: \_\_\_\_\_

HAVE ANY OF YOUR ANIMALS EVER BEEN IMPOUNDED BY ANY ANIMAL CONTROL AGENCY, HUMANE SOCIETY, RESCUE ORGANIZATION OR DEPARTMENT OF AGRICULTURE? ( ) YES ( ) NO IF YES,

WHERE AND FOR WHAT REASON: \_\_\_\_\_

HAVE YOU EVER RELINQUISHED ANY ANIMAL(S) TO ANY ANIMAL CONTROL AGENCY, HUMANE SOCIETY, RESCUE ORGANIZATION OR DEPARTMENT OF AGRICULTURE? ( ) YES ( ) NO

IF YES, WHY WAS/WERE THE ANIMAL/ANIMALS RELINQUISHED? \_\_\_\_\_

ARE YOU WILLING TO HAVE THE DEWITT COUNTY ANIMAL CONTROL OFFICER OR HIS AGENT VISIT YOUR HOME TO VERIFY THAT IT IS SUITABLE FOR THE ADOPTED PET (BY APPOINTMENT ONLY): ( ) YES ( ) NO

**TYPE OF PET PREFERENCE**

BREED: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ COLORS \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(DEWITT COUNTY ANIMAL CONTROL RESERVES THE RIGHT TO REFUSE OR DENY ANY APPLICATION FOR ANY REASON)

APPLICATION: ( ) APPROVED ( ) NOT APPROVED

IF NOT APPROVED, LIST REASON(S): \_\_\_\_\_

**BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_