



ADOPTION APPLICATION

AGREEMENT

- In completing this application, I affirm that all information and statements in this application are complete and true and made for the purposes of my applying to adopt one or more animals through VCAS.
- I am 18 years of age or older.
- I understand that all residents of the household must agree to adoption and all household members, children included, must meet with the animal prior to adoption approval.
- I understand that all dogs residing at the home must come to the shelter for a meet and greet with animal prior to adoption approval, unless otherwise discussed, in advance, with Director or Kennel Supervisor.
- I understand that a Shelter representative may visit my home for a home inspection before my application is approved.
- I agree and understand that if the animal I apply for is not spayed or neutered, it will remain property of VCAS until completed.
- I agree to provide basic medical vet care for adopted animal.
- I agree to provide rabies vaccinations according to my local county ordinance.
- I agree to maintain heartworm and/or flea and tick prevention during every month of the year.
- I understand that if approved for adoption, I will be required to carefully read the "Adoption Agreement" in full, and acknowledge that the Adoption Agreement represents a legal and binding contract between an adopter and the Vermilion County Animal Shelter.
- I understand that if I am approved to adopt an animal, the Adoption Agreement must be reviewed before I can take my animal home. I further understand that I will be asked to agree to the terms of the Agreement and sign the Agreement before I can take my adopted animal home.
- If there is more than one application submitted for a specific animal, the adopter that best meets the needs of the animal will be approved.
- VCAS reserves the right to refuse any adoptions we consider unsatisfactory.

SIGNATURE: _____ **DATE:** _____

DATE: _____ **TIME:** _____ **am/pm**

NAME: _____

CONTACT PHONE: _____

EMAIL: _____

STREET ADDRESS: _____

CITY, STATE, ZIP, COUNTY: _____

PRIOR ADDRESS, CITY, STATE, ZIP, COUNTY: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____ **STATE:** _____ **EXP:** _____

I am interested in adopting (check all that apply):

- Puppy (under 6 months)
- Young Dog (6-12 months)
- Adult Dog (1-7 years)
- Senior Dog (over 7 years)
- Kitten (under 6 months)
- Young Cat (6-12 months)
- Adult Cat (1-7 years)
- Senior Cat (over 7 years)
- Bonded pair of cats or kittens
- Small (up to 25lbs)
- Medium (26-50lbs)
- Large (51-80lbs)
- XLarge (80lbs and over)

If there is a specific animal you are interested in please list the name.

Will this animal be your first pet?

- Yes No

EMPLOYMENT INFORMATION

Employer/Business if self-employed: _____

Your Position: _____ Length of Employment: _____

Street Address: _____

City, State, Zip: _____ Telephone: _____

REFERENCE INFORMATION

Provide three references (not related to you, not living with you and not your veterinarian). Please note, references are vital to your application and should be informed to expect a call from our staff with 48 hours of submitting your application. Your references will need to return communication with shelter staff within 1 business day of being contacted or your application will be delayed and the next application in line will be moved forward.

NAME	TELEPHONE	EMAIL

RESIDENTIAL INFORMATION

- Please check: I own my own home and am permitted to bring an animal or animals into my dwelling.
 I rent my home and am permitted to bring an animal or animals into my dwelling.
 I live with a parent or relative.

If you rent or live with a parent or relative: Landlord's Name: _____
Telephone: _____
Street Address: _____
City, State, Zip: _____

Length of time at this residence: _____

Do you have a fence? Yes No

If yes, what is fence made of and height: _____ **Does the gate have a lock?** Yes No

Describe lock and/or latching mechanism: _____

Names and ages of all adults and children in the household:

NAME	AGE

COMPANION ANIMALS IN YOUR HOME

I currently have companion animals in my home: Yes No

If yes, please provide the following information:

Name of Veterinarian: _____ Telephone: _____

Street Address: _____

City, State, Zip: _____

Complete below for each companion animal currently in your home AND any additional companion animals you have had in the last five (5) years including fostered animals. Please copy this page if you have more than 5 animals to list.

ANIMAL 1: Dog Cat Other (what type?): _____

Name: _____ Age: _____ Breed: _____

Gender: Female Male Spayed/Neutered: Yes No

Currently resides in my home. Resided in my home within the last 5 years but no longer with me.

If no longer with you, please explain: _____

Where did you get this animal? _____

Are this animals vaccinations up to date? _____

Is this animal registered with your county? _____

Is this animal on flea/tick/heartworm preventative? If no, why? _____

Percentage of time spent outdoors? _____

Where does the animal sleep at night? _____

Where does s/he stay during the day if you aren't home: _____

ANIMAL 2: Dog Cat Other (what type?): _____

Name: _____ Age: _____ Breed: _____

Gender: Female Male Spayed/Neutered: Yes No

Currently resides in my home. Resided in my home within the last 5 years but no longer with me.

If no longer with you, please explain: _____

Where did you get this animal? _____

Are this animals vaccinations up to date? _____

Is this animal registered with your county? _____

Is this animal on flea/tick/heartworm preventative? If no, why? _____

Percentage of time spent outdoors? _____

Where does the animal sleep at night? _____

Where does s/he stay during the day if you aren't home: _____

ANIMAL 3: Dog Cat Other (what type?): _____

Name: _____ Age: _____ Breed: _____

Gender: Female Male Spayed/Neutered: Yes No

Currently resides in my home. Resided in my home within the last 5 years but no longer with me.

If no longer with you, please explain: _____

Where did you get this animal? _____

Are this animals vaccinations up to date? _____

Is this animal registered with your county? _____

Is this animal on flea/tick/heartworm preventative? If no, why? _____

Percentage of time spent outdoors? _____

Where does the animal sleep at night? _____

Where does s/he stay during the day if you aren't home: _____

ANIMAL 4: Dog Cat Other (what type?): _____

Name: _____ Age: _____ Breed: _____

Gender: Female Male Spayed/Neutered: Yes No

Currently resides in my home. Resided in my home within the last 5 years but no longer with me.

If no longer with you, please explain: _____

Where did you get this animal? _____

Are this animals vaccinations up to date? _____

Is this animal registered with your county? _____

Is this animal on flea/tick/heartworm preventative? If no, why? _____

Percentage of time spent outdoors? _____

Where does the animal sleep at night? _____

Where does s/he stay during the day if you aren't home: _____

ANIMAL 5: Dog Cat Other (what type?): _____

Name: _____ Age: _____ Breed: _____

Gender: Female Male Spayed/Neutered: Yes No

Currently resides in my home. Resided in my home within the last 5 years but no longer with me.

If no longer with you, please explain: _____

Where did you get this animal? _____

Are this animals vaccinations up to date? _____

Is this animal registered with your county? _____

Is this animal on flea/tick/heartworm preventative? If no, why? _____

Percentage of time spent outdoors? _____

Where does the animal sleep at night? _____

Where does s/he stay during the day if you aren't home: _____

ADDITIONAL INFORMATION

Where will your adopted pet be kept while you are away from your home? _____

How long will your adopted pet be alone during the day? _____

Percentage of time kept outside? _____

Where will your adopted pet be kept at night? _____

Are you planning to move within the next 6 months? _____

If yes, what will you do with your adopted pet? _____

Does anyone in the household have allergies? _____ Yes _____ No

Which of the following best describes your reasons for wanting to adopt (*circle all that apply*)?

Companion

Couch Warmer

Protection

Hunting

Jogging Buddy

Adventure Buddy

Travel Buddy

Service Animal

How do you plan to keep your animal on your property (*circle all that apply*)?

In the house only

Kenneled

Fenced Yard

Chained or Tethered

Garage

Patio

Other

Which of the following would cause you to give up this animal (*circle all that apply*)?

- | | | |
|-------------------------|-----------------------------|-----------------------|
| Job change | New baby | Busy, no time for pet |
| Change in family status | Unexpected Veterinary Care | Behavior problems |
| Moving | Other. please explain _____ | |
- _____

Have you ever relinquished a pet to a shelter or given away a pet? ____ Yes ____ No If yes, please explain

Have you or any member of your household ever owned an animal that has been confiscated by any animal control for violations of state or local regulations or an animal adoption agreement? ____ Yes ____ No
If yes, please explain

Have you or any member of your household ever been subjected to legal action for cruelty or neglect of animals?
____ Yes ____ No If yes, please explain

AGREEMENT

I hereby release to the Vermilion County Animal Shelter all veterinary records of any and all animals I own and have owned. I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsifying any of the above application will result in my being denied adoption of an animal or if any animal has be adopted to me, the return of the animal to the Vermilion County Animal Shelter. I have completed and reviewed this Application in its entirety, and I agree that all statements contained herein are made by me, and are truthful and binding. I make this statement under penalty of perjury under the laws of the state(s) of Illinois.

Signature: _____ **Date:** _____

Printed Name: _____

Approved by: _____ **Date:** _____

Denied by: _____ **Reason:** _____
