



**Humane Society of McDonough County**

**P.O. Box 7**

**Macomb, Illinois 61455**

[www.hsmcil.org](http://www.hsmcil.org)

IL Dept. of Ag License # 087-14284

## Adoption Application

In order to be considered for an adoption you must: 1) be at least 18 years of age; 2) have the knowledge and consent of all adults living in your household; 3) have a valid ID with current address; 4) be willing to have your home inspected; 5) agree that you new animal will be a family member.

Animal you wish to adopt: \_\_\_\_\_ Dog Cat \_\_\_\_\_

Your Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Are you over the age of 18: Y N

Do you live in a ("X" one): House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Residence Hall \_\_\_\_\_

Do you ("X" one): Own \_\_\_\_\_ Live with Parents \_\_\_\_\_ Rent \_\_\_\_\_

If you rent, please provide your Landlords Name & Phone Number: \_\_\_\_\_

**We will call to verify employment.** Place of employment: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide the following information about your household: Number of adults: \_\_\_\_\_

Number of children: \_\_\_\_\_ Their ages: \_\_\_\_\_

How many pets do you have in the home now? Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_

Are your pets spayed/neutered? \_\_\_\_\_

Have you ever had to give a pet away or surrender to Animal Control? \_\_\_\_\_ If yes, for what reason?

Is your home fenced in and are all gates able to be locked? \_\_\_\_\_

Activity Level in your home ("X" one): active \_\_\_\_\_ moderate \_\_\_\_\_ quiet \_\_\_\_\_

Work Hours: \_\_\_\_\_

May we contact your Veterinarian for a reference or follow up? \_\_\_\_\_

Vet Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do You Own a Crate? \_\_\_\_\_ Will You Purchase One?: \_\_\_\_\_

Explain your philosophy on pet care and training: \_\_\_\_\_

Who will be the primary caregiver of your pet? \_\_\_\_\_

Where will your animal sleep at night? : \_\_\_\_\_

Where will your animal be during the day? \_\_\_\_\_

Are you experienced with owning a bully breed? \_\_\_\_\_. If so, what is your experience? \_\_\_\_\_

**Names and Phone Numbers of References:**

1. \_\_\_\_\_

2. \_\_\_\_\_

Is there any other information you would like us to consider? \_\_\_\_\_

All of the information I/we provided on this application is true and correct. I/we assume risk of injury that may be incurred as a result of viewing and/or adopting any animal under the care of the Humane Society of McDonough County.

At the Humane Society of McDonough County we are serious about placing animals in the best situation to match their needs and personality. The Humane Society of McDonough County reserves the right to approve or deny any application based on this organization's adoption criteria as well as presumed needs of the animal determined by the board. Completion of this application does not guarantee an approval for adoption, nor does it place a hold on any animal.

Signature of Applicant Date: \_\_\_\_\_

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**Office Use**

Date Application received: \_\_\_\_\_

Employment verification date: \_\_\_\_\_

Reference 1 comments: \_\_\_\_\_

Reference 2 comments: \_\_\_\_\_

Vet Reference Date: \_\_\_\_\_

Vet Reference Comments: \_\_\_\_\_

Home Visit Date: \_\_\_\_\_

Home Visit Notes: \_\_\_\_\_

Application Approval/Denial (circle) Date: \_\_\_\_\_