

A No-Kill Animal Shelter

## **Adoption Inquiry**

Macoupin County Adopt-A-Pet a.k.a. Benld Adopt-A-Pet P O Box 53 - 807 Stewart Rd - Benld IL 62009 Phone 217.835.2538 - Fax 217.835.2537

This form is to determine if the proposed adoption is in the best interest of both the pet and your family. Several inquiries for adoption may be taken on an animal and all inquiries are subject to approval by shelter staff.

What types of pets are you interested in adopting - Check all that apply: (Please Print)	Vhat types of pets are v	ou interested in adopting	- Check all that apply:	(Please Print)
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Cat Gat Gat Gat Gat Gat Gat Gat Gat Gat G				
Breed Sex:  Description: Age (approximate)				
Color House-trained:  Question Yes  No Crate or Litter Trained:  Yes  No				
If looking for a dog or puppy, what type: 🗆 Companion 🛛 Hunter 🖓 Guard 🖓 Couch Potato				
If dog or puppy, maximum size when fully grown: 🗆 Small 🛛 Medium 🖓 Large 🖓 Very Large				
Household Information:				
Number of adults (including yourself) over age 21 residing in household Ages				
Number of children under age 21 residing in household Ages				

Is anyone in household allergic to dogs or cats:   Yes  No	o If yes, who?
Is anyone in household physically challenged: □ Yes □ No	If yes, explain:

Do you live in: 
House Apartment Condo Duplex Mobile Home Townhouse

Do you:	🗆 Own	🗆 Rent	🗆 Lease	How long have you been at this address?	
If you rer	nt, what is	Landlord'	s: Name	Phone	

(If renting or leasing, we will contact your landlord to verify that having pets in your home is acceptable.)

Work Phone

Are you employed? 
Ves 
No If yes, where?

Name o	f superv	visor
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Name of your veterinarian \_\_\_\_\_

Name on your veterinary account Phone

**List all pets that reside at your address:** (Use separate sheet of paper if you require additional space.) (We recommend all other animals in your home be altered and up to date on vaccinations.)

Name	Breed(s)	Age	Dog or Cat	Male/ Female	Spayed/ Neutered	Vaccines Current	How Long Owned
			Dog / Cat	M / F	Yes / No	Yes / No	
			Dog / Cat	M / F	Yes / No	Yes / No	
			Dog / Cat	M / F	Yes / No	Yes / No	
			Dog / Cat	M / F	Yes / No	Yes / No	
			Dog / Cat	M / F	Yes / No	Yes / No	
			Dog / Cat	M / F	Yes / No	Yes / No	

Do your dogs/cats get along with other dogs/cats? □ Yes □ No □ Unknown

Are any of your dogs food aggressive: □ Yes □ No □ Unknown

Do you have a securely fenced yard: □ Yes □ No Type of fence: \_\_\_\_\_\_ Height of fence:

Phone

(All dogs and puppies must be supervised at all times when outdoors. Cats and kittens must be kept indoors at all times.)

If no fenced in yard, how will you co	ontrol your dog when outside?	
On an average day, how many hour	rs will the animal(s) be alone?	
	hen someone is home?	
	hen someone is not home?	
	ight?	
	I of experience with dogs/cats? (Check all that	
Never had a dog dog cat	🗆 Had childhood pet 🗆 dog 🗆 d	cat
Had one or more as an ad	lult 🛛 Have experience with X-large	e or bully breeds
Have experience working	with behavioral problems with a personal $\square$ do	og □ cat
Have you owned a pet previously?	$\Box$ Yes $\Box$ No If yes, what happened to it/them?	?
	y Animal Control or had a pet impounded?	Yes 🗆 No
Have you ever had an application to	o adopt a cat or dog denied? □ Yes □ No	
	Date Agency	
	/ Seriely	
Please tell us anything else about yo	ourself that might help us match you up with th	ne right animal:
Personal Information: (Please Print		
Name		Age
Address		0
	State ZIP	)
	Driver's License or I.D. No	
Adopter Signa		Date
Adopter Signa		Dute
	(Office use only)	
Inquiry received by	Date _	
Action/Disposition: 🗆 Approve	ed $\Box$ Not Approved $\Box$ Hold for	
If not approved; reason		
Approved by	Date _	

Attach approved inquiries to completed Adoption Agreement. Retain nonapproved inquiries in office file for future reference.