

**MACOUPIN COUNTY ADOPT-A-PET  
APPLICATION FOR ADOPTION**

**I am looking for:**    \_\_\_ DOG    \_\_\_ CAT    \_\_\_ PUPPY    \_\_\_ KITTEN

Breed: \_\_\_\_\_ Sex: **M F Either**    Approximate Age: \_\_\_\_\_

Full-grown size should be: \_\_\_ to sit on my lap    \_\_\_ Medium (cocker/sheltie)    \_\_\_ bigger (lab/collie)    \_\_\_ real big

Color(s): \_\_\_\_\_ Housebroken: **Y N**    Crate or Litter Trained: **Y N**    (AAP Name: \_\_\_\_\_)

**Adopt-a-Pet requests your cooperation in answering the following questions about you and your living environment. This will improve our chances to successfully match you and an appropriate pet, and reduce the possibility of later having to return the animal.**

1. What are the ages of children in the household? \_\_\_\_\_
2. Are there elderly or disabled people in the household? **YES NO**    If YES, please describe your situation: \_\_\_\_\_  
\_\_\_\_\_
3. Have you had a dog or cat before? **YES NO**    What happened to it? \_\_\_\_\_
4. If you have any pets now, please describe: \_\_\_\_\_  
If these pets are dogs or cats are they spayed or neutered? \_\_\_ **YES**    \_\_\_ **NO**    \_\_\_ **N/A**
5. Do you routinely get their vaccinations? \_\_\_ **YES**    \_\_\_ **NO**
6. Who is your veterinarian and his/her town of office location? \_\_\_\_\_  
\_\_\_\_\_
7. If you are considering a dog, circle what you are expecting: . companion .hunter .guard. .couch-potato
8. Will the dog/puppy usually be kept indoors? **YES NO**    How long will it be alone daily? \_\_\_\_\_
9. Do you live in a house? **YES NO**    If not, please describe: \_\_\_\_\_
10. Do you have a fenced yard? **YES NO**    If not, how will you control your dog outside? \_\_\_\_\_  
\_\_\_\_\_
11. If you rent or lease an apartment, etc. do you have your landlord's OK for a pet? **YES NO Don't know**
12. If pets are OK, list any known breed, weight, or other restrictions: \_\_\_\_\_
13. Landlord's name, address and phone: \_\_\_\_\_  
\_\_\_\_\_
14. Have you ever been rejected for pet-adoption by us or any other shelter, pound, or society? **YES NO**  
If Yes, when & please explain: \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION AND SIGNATURE:**

I certify I am at least 18 years of age. I have no objection to spaying/neutering or micro-chipping my adopted animal to comply with Illinois law, and the answer to each question above is true to the best of my knowledge.

Please PRINT your            name here: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

<p><b>Adopt-a-Pet Actions and disposition:</b> _____</p> <p>_____</p> <p><b>REJECTED</b> due to: _____</p> <p><b>APPROVED</b> by _____ <b>DATE:</b> _____</p>
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**ATTACH APPROVED APPLICATIONS TO THE COMPLETED ADOPTION AGREEMENT.  
RETAIN REJECTED APPLICATIONS IN OFFICE FILE FOR POSSIBLE FUTURE REFERENCE.**