



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)

Cat Kitten Dog Puppy Animal's Name (if known) _____
 Breed _____ Sex: Male Female Either Age (approximate) _____
 Color _____ House-trained: 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 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 rent, 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.)

Are you employed? Yes No If yes, where? _____
 Name of supervisor _____ Work Phone _____
 Name of your veterinarian _____ Phone _____
 Name on your veterinary account _____ Phone _____

List all pets that reside at your address: (Use separate sheet of paper if you require additional space.)
 (All other animals in your home must 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: _____

*(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 control your dog when outside? _____

On an average day, how many hours will the animal(s) be alone? _____

Where will the animal(s) be kept when someone is home? _____

Where will the animal(s) be kept when someone is not home? _____

Where will the animal(s) sleep at night? _____

How would you describe your level of experience with dogs/cats? (Check all that apply)

- Never had a dog cat Had childhood pet dog cat
 Had one or more as an adult Have experience with X-large or bully breeds
 Have experience working with behavioral problems with a personal dog cat

Have you owned a pet previously? Yes No If yes, what happened to it/them? _____

Have you ever been investigated by Animal Control or had a pet impounded? Yes No

If yes, explain: _____

Have you ever had an application to adopt a cat or dog denied? Yes No

If yes, when and by what agency? Date _____ Agency _____

Reason for denial _____

Please tell us anything else about yourself that might help us match you up with the right animal:

Personal Information: (Please Print)

Name _____ Age _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work/Cell Phone _____

Email _____ Driver's License or I.D. No. _____ State _____

Adopter Signature

Date

(Office use only)

Inquiry received by _____ Date _____

Action/Disposition: Approved Not Approved 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.