Benld Adopt-A-Pet

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 - Email aap1@frontiernet.net

*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 | Cat | M | F | Spay / Neuter Yes | Spay / Neuter No | Vaccines Current Yes | Vaccines Current No | How Long Owned |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 2. | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 3. | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 4. | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 5. | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 6. | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

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?** (C*heck 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.*