



Kankakee County Animal Control & Adoption Center Adoption Application



Your name: _____ Today's Date _____

Address: _____

City/ State/ Zip _____

Phone: _____ Alt Phone: _____

Email Address: _____

Your Occupation: _____ Student? Yes No

Please indicate your age group: under 18 18-20 21-40 41- 59 60 or over

Where did you hear of the shelter: Newspaper Website Friend Radio Other _____

An incomplete application may delay/hinder the adoption process.

I'm interested in adopting:

- | | | |
|---|---------------------------------|---|
| <input type="checkbox"/> Puppy (2 to 6 months) | <input type="checkbox"/> Male | <input type="checkbox"/> Small (up to 25 lbs) |
| <input type="checkbox"/> Young Dog (6 to 12 months) | <input type="checkbox"/> Female | <input type="checkbox"/> Medium (26-50 lbs) |
| <input type="checkbox"/> Adult Dog (1 to 7 years) | <input type="checkbox"/> Either | <input type="checkbox"/> Large (51-80 lbs) |
| <input type="checkbox"/> Older dog (over 7 years) | | <input type="checkbox"/> XLarge (80 lbs and over) |

******** → Name of specific animal you are interested in _____

- | | |
|---|--|
| <input type="checkbox"/> Kitten (2 to 6 months) | <input type="checkbox"/> Male |
| <input type="checkbox"/> Young Cat (6 to 12 months) | <input type="checkbox"/> Female |
| <input type="checkbox"/> Adult Cat (1 to 7 years) | <input type="checkbox"/> Don't know / Don't care |
| <input type="checkbox"/> Older Cat (over 7 years) | <input type="checkbox"/> Declawed – if so: <input type="checkbox"/> 2 paw <input type="checkbox"/> 4 paw |

Why I want a pet: (please explain why you are wanting to adopt)

Housing Information:

Do you live in a:

- House
 Condo
 Apartment
 Other _____

Do you:

- Live with Parents
 Own
 Rent (MUST PROVIDE A NOTARIZED LETTER OR LEASE) _____

Number of Adults in your home: _____ Number/Ages of Children: _____

Number/Ages of other children that visit _____

LADIES: Are you currently pregnant? _____ How far along? _____

Does anyone in your home suffer from allergies? Yes No

If yes, who and to what? _____

Do you have a fenced in yard? _____ If yes, how tall is your fence? _____

If not, how will the dog be contained to the property? _____

For Office Use Only

Adoption Status:

- Approved
 Conditional Approval
Reason(s):

Denied: Comments:

Landlord Approval

KCAC #: _____

What food do you plan to feed your new pet? Dry Wet Both

Science Diet Iams Pedigree Nutro Ol'Roy Raw/BARF diet

Nine Lives Friskies Whatever is fed at the shelter Other _____

I would like a recommendation from a knowledgeable staff

Current Pet Information

Do you currently have a cat or dog? no yes **If yes, please list below:**

	Name/Breed or Description	Gender	Fixed	Age	Last Vet Visit	If cat, Declawed?
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Veterinarian: _____ Number: _____

Will you use this vet for your new pet? Yes No If not, who will you use? _____

Past Pet History

Have you ever adopted a pet from a Shelter or Humane Society in the past? Yes No

Have you ever released an animal to a Shelter or Humane Society in the past? Yes No

Please list other pets you have had as an adult:

	Breed or Description	Gender	Fixed	Length of ownership	Where is he/she now?
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____

Where will you keep you new pet during the day? _____
Night? _____ When you're not home? _____

What type & how often are you prepared to exercise your new pet? _____

How long (on average) will your pet be left alone? _____

How soon after adoption do you plan on taking your new pet to the vet? _____

Are you prepared to afford a bill of \$200-\$800(or more) for emergency vet care? _____

What do you expect veterinary expenses for your new pet to cost? _____

How much do you expect to spend on maintenance for your pet each year? _____

How much time are you prepared to allow your new pet to adjust to it's environment? _____

When you are out of town, who will take care of your pet? _____

Who will take care of your pet in an emergency? _____

What will you do if your pet develops behavior problems (i.e. barking, chewing, digging, aggression, separation anxiety, etc.)? _____

Pet Facts:

The following is important information to know when owning a pet. While we will review this during our discussion about which pet may be best for you, **intialing by each item** will tell us that you have read and understand the information.

_____ Unexpected health issues may arise at anytime and may be costly! I understand that I will be responsible for emergency health care and the expenses that come with it if needed. We encourage you to activate your *Petfirst* health insurance, which is included in the adoption packet. The optional insurance needs to be activated within 14 days of adoption.

_____ The Kankakee County Animal Control & Adoption Center strives to provide the best care possible for our animals so they are healthy and happy. ***Because vaccinations are not 100% effective for every animal and because tests are not 100% accurate, we cannot guarantee our animals aren't harboring an illness.*** We vaccinate all of our dogs with the DAPP-C (Distemper, Adenovirus, Parainfluenza, Parvovirus, Coronavirus) vaccine, the IT3 (kennel cough) vaccine and test them for fecal parasites. We vaccinate all of our cats with the FVRCP (Feline Viral Rhinotracheitis Calicivirus Panleukopenia) vaccine and test them for fecal parasites. Our shelter animals are vaccinated with only those antigens that demonstrate a clear benefit against common and significant shelter diseases. Therefore, it is recommended that you discuss an individually tailored vaccination program with your own veterinarian following adoption.

_____ I understand that changing environments is *extremely* stressful, even on the most well-socialized animal. I agree to take reasonable precautions when introducing the pet to his/her new environment and family members.

_____ KCAC recommends all dogs go through obedience training, but serious behavior problems may require additional expertise. We are here to answer your questions/concerns and/or recommend area professionals who can help. While we do our very best to assess the temperament in each animal we are placing, we cannot guarantee the animals temperament will not change as it adjusts to their new environment. Upon adoption, you accept full responsibility for the animal and agree to not hold KCAC, its staff/representatives and/or it's volunteers responsible for the animal's behavior.

_____ Crate/cage training is very helpful in housetraining your new **dog** and protecting your home/belongings from those over-zealous chewers. KCAC highly recommends crate training for your new pet.

_____ While KCAC strives to make that perfect "match", we realize that there are times when owners must give up their pets. I agree to contact KCAC if I no longer am able to keep the pet. KCAC will discuss with me the best options available for my pet. Further, I will inform KCAC of new, agreed-upon owners for the adopted pet.

_____ As you go through the adoption process, please remember that adding a new pet to your family is a 10 to 20 year (lifetime) commitment.

Thanks for taking the time to provide us with the above information! ☺

By signing below, I certify that the information provided on this application is true and I recognize that any misrepresentations of facts may result in losing adoption privileges. I authorize investigation of all statements in the application and understand that veterinarians, landlords, other humane agencies, etc. may be contacted. I further understand that the adoption of an animal may be delayed until this information can be verified. If, at any time, representatives from KCAC and/or local authorities determine the adopted animal is being abused, or neglected, or any part of the adoption contract has not been upheld- this adoption is void and ownership will revert back to the KCAC.

Signature _____

Date _____

Completed applications may be faxed: 815-936-4641

Or e-mailed to: k3doghouse@k3county.net

Or brought to the shelter for review:

1270 Stanford Dr.

Kankakee, IL 60901

Phone#: 815-937-2949