

Christian County Animal Control

300 S. Baughman Rd.
Taylorville, IL
(217) 824-5433

Adoption Application

Date

Pet for adoption:

Name

Address

City, State, Zip

Telephone: Home

Cell phone

Email

Do you live in: house___, apartment___, trailer___, other___

: own___, rent___

If you rent, are pets allowed:_____

:weight limit on pets_____ if yes what is the limit_____

:Landlord's name

:address

:phone

List all human members in the household including ages:

Who will be the primary caregiver(s) for the pet::

What traits are you looking for in a pet:

Where will the pet be kept when you are away(day or night):

Will you use a crate, please explain(N/A for cats):

How will the pet be exercised(N/A for cats):

Is your yard fenced, describe(N/A for cats):

Does anyone in the household have allergies to animals:

Please list current pet(s) names, species and ages:

Are all of your current pets spayed/neutered:

Are your current pets on monthly heartworm preventative:

Have you ever applied/adopted from another shelter/rescue organization:

Your current or past veterinarian's name:

phone

Why do you want to adopt this pet:

Please list 2 personal references (not relatives) with phone number

The information on this questionnaire will be kept confidential. I certify that all information provided is complete and correct to the best of my knowledge.

signature _____ date _____