



KANKAKEE COUNTY HUMANE FOUNDATION

Application to Adopt Dog/Cat

Please PRINT, filling in all blanks. All applicants will be subject to a background check. Incomplete applications may be subject to immediate denial. Approval process requires 3-5 business days.

I am 21 years of age or older. **Yes** **No** **Date:** _____

Primary Adopter:	First Name	Middle Initial	Last Name

Other Adult in Household:	First Name	Middle Initial	Last Name

Address:	City:	State:	Zip:

Phone: Home	Cell:	Best time to call

Email Address:

Household Information:

Annual Household Income: _____ (per year)

Do you live in a: house apartment mobile home condo

Do you have a fenced in yard? Yes No If yes, how tall is fencing? _____

Do you: own rent live with parents/others

How long have you lived at current residence? ____ years

If you rent, does your landlord allow pets? Yes No

Name of landlord: _____ Landlord's phone #: _____

Do you have children/grandchildren who will live in the household or will be around the pet? Yes No

If yes, please list ages of each child: _____

Your Experience with Pets:

How many pets have you owned as an adult? ____ Have you ever had to give up a pet? Yes No

If Yes, why did you give up the pet? _____

What happened to the Pet you gave up? _____



Pet History:

Have you previously adopted from the Kankakee County Humane Foundation? Yes No

If Yes: Year of Adoption: _____ Did you adopt a cat or dog? _____

Have you ever adopted from any other animal shelter? Yes No

If yes: Name and location of shelter: _____

PLEASE LIST THE ANIMALS YOU CURRENTLY OWN OR HAVE OWNED IN THE LAST 5 YEARS.

CAT OR DOG (Include name)	Sex	Spayed/ Neutered	Kept inside or outside of the house?	Current on Vaccinations?	On heartworm prevention?	Deceased?
	M F	Y N		Y N	Y N	Y N
	M F	Y N		Y N	Y N	Y N
	M F	Y N		Y N	Y N	Y N
	M F	Y N		Y N	Y N	Y N
	M F	Y N		Y N	Y N	Y N

Veterinarian Information:

Name and Address of Veterinarian Clinic: _____

Telephone Number of Veterinarian Clinic: _____

Will you agree to have this animal spayed/neutered, if not already done? Yes No

Non-Related References:

1. _____ phone: _____

2. _____ phone: _____

Are you an active member or veteran of any branch of the U.S. Armed Forces? Yes No

PLEASE READ THE PARAGRAPH BELOW CAREFULLY!

All animals adopted from KCHF are to be kept as companion animals or "inside" pets. If at any time KCHF finds that an adopted animal is being kept outdoors for an inappropriate amount of time or mistreated, KCHF has the right to take possession of the animal. I also agree that the animal(s) I adopt must be returned to KCHF if the placement is not successful. The adopter will forfeit the adoption fee when animal is returned or if KCHF takes possession of the animal. If a pet requires spaying/neutering or any other medical attention, the pet will remain at the shelter until all medical attention is complete, even if the application is approved. All the above statements I have made are true and correct and I have read and understand all adoption procedures and policies.

WE RESERVE THE RIGHT TO REFUSE ANY APPLICATION FOR ANY REASON

Applicant's Signature: _____

Animal Interested in Adopting: _____

EMAIL THIS FORM TO: k3humanefoundation@gmail.com