



Thank you for choosing adoption!

Please complete the following questions to help guide our conversation today.

Animal's Name:	Animal ID#:
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Your name(s): Mr./Ms. _____ Today's date: __/__/__

Address: _____ City, State, ZIP: _____

Email address: _____

Cell phone: _____ Alternate Contact Name/Phone: _____

Have you ever visited CACC? _____ Have you ever adopted from CACC? _____

How did you hear about us? _____

Tell us why you are interested in adopting this pet: _____

Tell us about where you live:

Do you: Own Rent Your landlord's name/phone number: _____

We welcome adopters who rent, or live in an apartment or condo. We want to alert you that some landlords and management companies have size and breed restrictions, limits on number of pets, and/or require pet deposits or additional fees. Are you aware of any restrictions from your landlord? _____

Tell us about members of the new pet's household (number of adults/children and their ages, etc.):

Tell us about your current pets:

	Sex	Breed	Pet's name	Date/reason for last vet visit:	Is pet current on vaccines?
Dog / Cat / Other	M / F				
Dog / Cat / Other	M / F				
Dog / Cat / Other	M / F				

Other information you want to share about your current pets and their medical history/care?

Your veterinarian and/or animal hospital's name/phone number: _____

Tell us about other pets you have had during the past 5 years:

	Sex	Breed	Pets name	Where is the pet now?
Dog / Cat / Other	M / F			
Dog / Cat / Other	M / F			
Dog / Cat / Other	M / F			
Dog / Cat / Other	M / F			

Tell us about your plans for your new pet:

What will your new pet's daily routine be like? (Feeding, exercise, living areas, time alone, etc.)

We will briefly review all appropriate topics from the following list and include additional tip sheets in your adoption packet, but please check off any particular areas of interest for additional discussion:

- | | |
|---|---|
| <input type="checkbox"/> Feeding your pet | <input type="checkbox"/> Types of leashes and collars |
| <input type="checkbox"/> Pets and children | <input type="checkbox"/> Exercise, toys and fun activities |
| <input type="checkbox"/> Puppy/kitten-proofing your home | <input type="checkbox"/> Finding a vet/trainer/dog walker/pet sitter |
| <input type="checkbox"/> Introducing this pet to other pets | <input type="checkbox"/> Grooming/nail trimming |
| <input type="checkbox"/> Costs associated with owning pets | <input type="checkbox"/> Cat scratching/declawing |
| <input type="checkbox"/> Low cost vets and food pantries | <input type="checkbox"/> House-training/litter box training |
| <input type="checkbox"/> City dog registration | <input type="checkbox"/> Dog behavior/training (crate use, walking, barking, jumping) |
| <input type="checkbox"/> Cropping ears and/or docking tail | <input type="checkbox"/> Spay/neuter and vaccinations for your other pets |
| <input type="checkbox"/> Cats living/going outside | <input type="checkbox"/> Veterinarian visits: When/how often |
| <input type="checkbox"/> Moving with pets | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Microchips and other ID options | <input type="checkbox"/> Taking care of recently spayed/neutered pets |
| <input type="checkbox"/> Lost pets | <input type="checkbox"/> Fleas/ticks and heartworm |
| <input type="checkbox"/> Single kitten syndrome | <input type="checkbox"/> Rabies requirements |
| <input type="checkbox"/> Homeowners/rental insurance | |

Other questions or concerns: _____

I CERTIFY WITH MY SIGNATURE THAT THE INFORMATION I PROVIDED ON MY ADOPTION APPLICATION WAS TRUE AND CORRECT AND THAT ANY INACCURACIES WILL MAKE THIS CONTRACT INVALID. I UNDERSTAND THAT IF I MAKE A FALSE STATEMENT WITH REGARD TO MY APPLICATION, I SHALL BE IN VIOLATION OF THE CITY OF CHICAGO MUNICIPAL CODE §1-21-010 *et seq.* AND ANY OTHER APPLICABLE LAWS, AND MAY RECEIVE A PENALTY OF UP TO \$1,000.00, PLUS UP TO THREE TIMES THE AMOUNT OF DAMAGES WHICH THE CITY SUSTAINS BECAUSE OF MY VIOLATION OF THIS SECTION. I FURTHER AGREE THAT IF I MADE A FALSE STATEMENT ON MY APPLICATION, I WILL IMMEDIATELY SURRENDER THE ANIMAL BACK TO CACC FACILITY LOCATED AT 2741 SOUTH WESTERN AVENUE, CHICAGO, ILLINOIS AT CACC'S REQUEST.

Signature of applicant(s): _____ Today's date: _____

Check here if you would like to be included on our Friends of Chicago Animal Care and Control mailing list for newsletters, special events, and occasional coupons or other special offers from suppliers of pet products.

FOR OFFICE USE ONLY		Interviewed By: _____	
Client ID Number: _____		Form of ID: _____	
<input type="checkbox"/> Approved:	Date Approved ___/___/___ Date of Pick Up: ___/___/___		
<input type="checkbox"/> Denied:	Reason for Denial: _____		