



Thank you for choosing adoption!

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

Animal's Name:	Animal ID#:
----------------	-------------

Tell us about yourself:

Applicant Name: Mr./Ms. _____ Today's date: ___/___/___

Address: _____ City, State, Zip: _____

Email address: _____ Cell phone: _____

Alternate Contact: Name _____ Phone: _____

Have you ever visited CACC? _____ Why? _____ How did you hear about us? _____

Tell us why you are interested in adopting now? _____

What do you like most about this particular pet? _____

Why is this pet a good fit for your family/lifestyle? _____

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. Please note that some landlords and management companies have size/breed restrictions, limits on number of pets, and/or require additional fees. Are you aware of any restrictions in your building? If so, what are they? _____

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

Tell us about other pets in the household:

Species	Sex/Age	Breed/Size	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				

What is your current pet's daily routine? _____

Anything you want to tell us about their medical history/care? _____

What veterinary clinic do you (or will you) use? _____

Tell us about any pets that no longer live with you (Dog/Cat/Other Sex/Breed/Size/Name Where are they now?)

Tell us about your plans for your new pet:

What will their daily routine be like? (meals, 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/Rabies requirements |
| <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"/> Acclimation/Decompression in the new home |
| <input type="checkbox"/> Homeowners/rental insurance | <input type="checkbox"/> FIV/FelV in cats |

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 **not** like to receive messages from our partners including information on free or low-cost services, coupons or products, or news and information about special events and other happenings at the shelter.

FOR COUNSELOR USE ONLY

Interviewed By: _____ Client ID: _____

Approved: _____ Date Approved ___/___/___

Denied: _____ Reason for Denial: _____