



# Kane County Department of Animal Control

4060 Keslinger Road  
Geneva, IL 60134

Phone: 630-232-3555  
Fax: 630-232-3585



## Adoption Application

### In order to adopt a pet you **MUST**:

1. Be at least 18 years of age.
2. Have a valid ID with current address
3. Have your landlord's name and phone number
4. **Have a signed liability waiver completed before you will be allowed to see any animals.**
5. Have vet records for any current or past pets from the past 7 years.
6. Have or select a veterinary hospital to take your new pet to.
7. Be the person responsible for the pet.
8. Meet the adoption criteria

**UNDER NO CIRCUMSTANCES WILL AN ADOPTON BE APPROVED IF YOU HAVE VIOLATED THE HUMANE TREATMENT OF ANIMAL PROVISIONS**

### PLEASE PRINT:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver's license # or State ID #: \_\_\_\_\_ Email: \_\_\_\_\_

Do you:  Work Full-time  Work Part-time  Attend school  Retired  Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

1. How many hours a day will your pet be home alone? \_\_\_\_\_

2. Number of adults in your household: \_\_\_\_\_ Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

3. Is everyone in your household in agreement with adopting an animal? \_\_\_\_\_

4. How would you educate your children on humane care for pets? \_\_\_\_\_

5. Do you:  Own  Rent

What size of living unit will you and your pet live?  Studio  1-bed  2-bed  3-bed  4+

6. If Rent; landlord's name: \_\_\_\_\_ Landlord's phone #: \_\_\_\_\_

7. How long have you lived at your current address? \_\_\_\_\_

8. If you move in the future, what will you do with your pet? \_\_\_\_\_

9. Do you have a fenced in yard?  Yes  No

10. Why are you interested in adopting a companion animal? *Check all that apply.*

- Gift  Companion for another pet  Replace a previous pet  Mouser  
 For a child  Companion for me  To breed  For protection

11. For how long have you been considering a companion animal? \_\_\_\_\_

12. Where else have you looked for a companion animal? \_\_\_\_\_

13. Are you willing to take responsibility for a pet for the animal's entire life (10-20 years)?  Yes  No

14. What would be unacceptable behavior which would cause you to give up your pet? \_\_\_\_\_

15. Is this your first companion animal?  Yes  No If no, list CURRENT and PREVIOUS pets you have owned:

Type/Breed	Pet's Name	Kept Where	Age	Neutered	Sex	Still Own?	If no, Why?	Where is the animal now
				YES NO		YES NO		
				YES NO		YES NO		
				YES NO		YES NO		
				YES NO		YES NO		

**\*\*Please list additional pets on the back\*\***

16. What is the name of your veterinarian and/or animal hospital? \_\_\_\_\_

17. What inoculations has your pet(s) had in the last year? \_\_\_\_\_

18. When was your pet's last visit to the veterinarian? \_\_\_\_\_
19. If you don't own a pet(s), what veterinarian/animal hospital do you plan to take your new pet to? \_\_\_\_\_
20. How do you plan to introduce your new pet to other animals in your household? \_\_\_\_\_
21. Where will the pet be kept? *Check all that apply.*  Basement  Garage  Yard  Porch  Home  
If in home, in what rooms will the pet be allowed? \_\_\_\_\_
22. Are you prepared to spend several weeks, or perhaps months, waiting for your new companion animal to adjust to a new environment/become house trained? \_\_\_\_\_
23. Where will your animal be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_
24. How do you plan to house-train your new companion animal? \_\_\_\_\_
25. How would you handle unwanted behaviors such as aggression, climbing, scratching, jumping and inappropriate litter box usage? \_\_\_\_\_
26. How much do you estimate spending yearly on feed, vaccination, license and provide medical care for your new pet? \_\_\_\_\_
27. Does anyone in your family have allergies to animals?  Yes  No  
If yes, what kind? \_\_\_\_\_
28. Have you ever adopted from our facility before?  Yes  No  
If yes, where is the pet now? \_\_\_\_\_
29. Has your animal ever been impounded at our facility before?  Yes  No  
If yes, why? \_\_\_\_\_
30. Have you violated any provisions of county or state ordinances involving the humane treatment of animals?  Yes  No
31. How did you hear about our facility?  Friend  Newspaper  Internet  FaceBook  Other: \_\_\_\_\_
32. Tell us why you want to adopt a pet: \_\_\_\_\_

*I certify that the information provided on this application is true and correct. I am also financially able to care for this animal. I understand that proper food and veterinarian care can be costly and I am able to meet these requirements. I authorize Kane County Animal Control (KCAC) to investigate all statements made in this application. I understand that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I further understand that the completion of this application does not guarantee that an animal will be adopted to me. KCAC recommends that you and your new pet attend training classes to further enhance the bond between you and your pet.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR STAFF USE ONLY:

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**APPROVED [ ] DENIED [ ] PENDING [ ] HOLD [ ] NEEDS MANAGER APPROVAL [ ]**

Reason: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Animal Number: \_\_\_\_\_

Adoption Location:  At shelter  Off-site event

HOLD Deposit Received?  Yes  No Amount: \$ \_\_\_\_\_ Received by: \_\_\_\_\_