



## Kane County Department of Animal Control

4060 Keslinger Road  
Geneva, Illinois 60134

Phone: 630-232-3555

Fax: 630-232-3585

Robert B. Saucedo  
Administrator

Jane Davis, DVM  
Deputy Administrator

### Cat Adoption Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status: ( ) Married ( ) Single ( ) Living with parents

Number of Adults in household: \_\_\_\_\_

Number of Children in household: \_\_\_\_\_ Ages: \_\_\_\_\_

#### Check the answers that best describe your situation:

1. I am considering adopting:

- ( ) Adult Cat (over 2 years of age)
- ( ) Adolescent Cat (7 months to 2 years of age)
- ( ) Kitten (2-6 months of age)

2. I prefer:

- ( ) Male
- ( ) Female
- ( ) Either

3. Why do you want a cat?

- ( ) Companionship
- ( ) Catch mice
- ( ) Always liked cats and think I would like having one
- ( ) Interested in breeding
- ( ) Pet for children
- ( ) Gift for somebody

4. Is everybody in the household in agreement with the adoption of a cat?

- ( ) Yes
- ( ) No

5. Who will realistically be taking care of the cat?

- Myself
- Mother
- Father
- Children
- Roommate
- Everyone
- Haven't thought about it

6. Do any of your family members have allergies?  Yes  No

If yes, to what animals? \_\_\_\_\_

7. Do you RENT or OWN:  House  Condominium  Apartment  Townhouse  
 Live with relatives?  Other \_\_\_\_\_

8. If renting, are cats allowed? \_\_\_\_\_ Is an additional deposit required? \_\_\_\_\_

What is the name and city of the complex? \_\_\_\_\_

What is the name of the Landlord? \_\_\_\_\_ Phone: \_\_\_\_\_

9. If you move where pets are not allowed, what would you do with the pet? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Will you let your cat outside your home?  Yes  No

11. Is somebody home during the day?  Yes  No

12. How many hours of the day will your cat be left alone?

- Short periods of time (running errands)
- 3-7 hours
- 8-12 hours
- 12 + hours

13. Please list the pets you currently own:

Name	Breed	Age	Still Own?	Current on Vaccination?
1.				
2.				
3.				
4.				

14. Please list pets you have owned in the past five years?

Name	Breed	How long owned?	Why you don't have anymore?
1.			
2.			
3.			
4.			

15. What veterinarian do you use? \_\_\_\_\_
16. My pet will be kept in (check all that apply):  House  Garage  Outside  Crate  
 Basement  Outdoor Kennel  Tie out  Other \_\_\_\_\_
17. If you needed to move from your present location would you make arrangements to take your pet with you?  
 Yes  No
18. How much time do you have daily to spend with a cat? \_\_\_\_\_
19. How would you handle inappropriate litter box usage? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. How would you handle unwanted behaviors such as aggression, climbing, scratching? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
21. It may take your new cat a month (or longer if other pets are involved) to adjust to its new home, how will you handle this? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. How much are you willing to spend in the average year for your cat? \_\_\_\_\_ Are you aware that the cost might be but not limited to \$800.00 per year? \_\_\_\_\_
23. Did you know that cats can live to be over 18 years of age? Are you prepared to take responsibility for that length of time or longer?  Yes  No
24. Have you thought about what you will do with your cat on vacation?  
 take it with  
 board the cat  
 have friends come and care for the cat  
 I haven't thought about it

*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 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 a cat will be adopted to me.*

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

Staff initials: \_\_\_\_\_



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### Animal Hold Request

Date hold placed: \_\_\_\_\_ Case#: \_\_\_\_\_

Name of Person(s) Requesting Hold: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Driver's License#: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Name: \_\_\_\_\_

The hold request for this animal will expire on: \_\_\_\_\_ at \_\_\_\_\_ am / pm

I understand that a \$20.00 **non-refundable** fee is due at the time the hold is placed. If the animal is adopted by me this fee will count toward the adoption payment.

I understand this animal may only be placed on hold by me once. (Subsequent holds are not available.)

I understand that once the hold has expired, this animal will automatically be made available for adoption. I further understand that KCAC will not contact me to let me know the animal is being made available for adoption.

Check / Cash: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature of Person Requesting Hold: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_