



DUPAGE COUNTY ANIMAL CARE & CONTROL
Cat Adoption Application

NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK OR CELL PHONE _____

DRIVER'S LICENSE NUMBER _____ EMAIL ADDRESS _____

You must be over 18 years of age to adopt

Date: _____

Thank you for considering adopting a pet from our shelter! Remember you are making a 10-20 year commitment. All adult cats are vaccinated against distemper and other airborne viruses; those over four months old are vaccinated for rabies. All cats have a microchip as a permanent form of identification and have been spayed or neutered. We will be happy to escort you through our kennel to view the animals. Cats cannot be viewed outside of their cages until you have been approved for adoption. If you are adopting a kitten please understand vaccinations are a series of shots and this series must be completed at your veterinarian at your expense. Adoption fees are non-refundable. The animal must be taken to a veterinarian within 10-14 days of adoption for an exam and any necessary vaccinations/medications. If the animal is found to have a life threatening medical problem at this time, you may exchange it for one of the same species.

PLEASE LIST THE PETS THAT ARE CURRENTLY IN YOUR HOME

BREED	NAME	AGE	OWNED HOW LONG?	VETERINARIAN HOSPITAL	CURRENT ON VACCINATIONS?

PLEASE LIST PETS YOU HAVE OWNED IN THE PAST 5 YEARS

BREED	NAME	OWNED HOW LONG?	NOT CURRENTLY IN HOME BECAUSE	VETERINARIAN

Why are you looking to adopt a cat at this time?

How many people are currently living in your home? _____

Please list the names of the people living in your home? (include last name if different from yours)

Do you live in a single-family home, town house, condo, or an apartment? _____

Do you rent or own your home? _____

Do you plan to allow this cat to have access to the outdoors? _____

Does anyone in your family have allergies to cats? _____

What will you do in the event that your cat stops consistently using the litter box?

What will you do in the event of destructive behavior, for example, if the cat uses your furniture for a scratching post?

By signing below, I certify that I'm 18 years of age or older, the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I authorize DuPage County Animal Care and Control to investigate all statements made in this application. I also understand that I have only the power of exchange within 14 days if the animal is found to have a life-threatening medical problem by my veterinarian.

Signature _____

Date _____