



DUPAGE COUNTY ANIMAL CARE & CONTROL
Dog 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 dogs are vaccinated against distemper and other airborne viruses; those over four months old are vaccinated for rabies. All dogs 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. Dogs cannot be viewed outside of their cages until you have been approved for adoption. If you are adopting a puppy 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? |
|-------|------|-----|-----------------|-----------------------|--------------------------|
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PLEASE LIST PETS YOU HAVE OWNED IN THE PAST 5 YEARS

| BREED | NAME | OWNED HOW LONG? | NOT CURRENTLY IN HOME BECAUSE | VETERINARIAN |
|-------|------|-----------------|-------------------------------|--------------|
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Why are you looking to adopt a dog 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? _____

How do you plan to contain this dog in your yard? _____

Does anyone in your family have allergies to dogs? _____

How many hours per day do you plan to leave the dog alone? _____

Do you plan to take the dog to obedience classes? _____

What type of methods will you use to train the dog to go to the bathroom outside?

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 _____