



DUPAGE COUNTY ANIMAL CARE AND CONTROL
Cat Adoption Application

Name _____
 Address _____ City, Zip _____
 Home Phone _____ Work or Cell Phone _____
 Driver's License Number _____ Staff Initials _____

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 to 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. You must take the animal to a veterinarian within seven days of adoption for an exam and any necessary vaccinations or 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 you currently own.

Breed	Name	Age	Owned how long?	Veterinarian	Current on vaccinations?

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

Breed	Name	Owned how long?	Not currently in home because...	Veterinarian

Why do you want to adopt this particular cat? _____

How many people live in your home? _____

Do you own your home or rent? _____

Do you plan to let this cat outside? _____

Does anyone in your family have an allergy to cats? _____

What will you do in the event of litter box problems? _____

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

By signing below, I certify that I am 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 _____