

Adoption Application

E.C.H.A. Paris, Illinois

Phone: (217) 822-PETS

To help ensure the best possible placement of our rescued animals, and in order to determine that the proposed adoption is in the best interest of the animal, you and your family, please complete each of the following questions. Please be as thorough as possible. The Edgar County Humane Association reserves the right to refuse adoption to any application.

Type of Animal You Wish to Adopt: -----

Name of Animal: -----

Your Name: ----- Spouse's Name: -----

Address: -----

City: ----- State: ----- Zip: -----

Home Phone: ----- Work Phone: -----

Place of Employment: -----

Name Personal Reference: -----

Relationship: ----- Phone: -----

Household Information:

1. Do you live in a house? ----- Apartment: ----- Condo: ----- Mobile Home -----

2. Do you: Own ----- Rent ----- Live at Home -----

3. If you rent: Are pets allowed? Yes No

Landlords name and phone: -----

Does your landlord require a security deposit? Yes ----- No -----

4. Length of time at current residence?

----- Less than 1 year: {If selected, please provide previous address}

Previous Address: -----

-----1-3 years -----3-5 years -----5+years

5. If you are planning on adopting a dog, do you have a fenced-in yard? Yes-----No -----

What type of fence {chain link, stockade, etc.}? -----

If you do not have a fenced yard, what arrangements do you plan to make for exercise and toilet duties: -----

6. Number of adults in home: -----

7. Number of children in home: ----- Age of children -----

8. Do you have a swimming pool? Yes----- No -----

9. Has allergies to animals been a problem to any household member? Yes ----- No -----

10. Are all family members aware that you are considering adopting a pet? Yes ----- No -----

Do they all approve? Yes----- No -----

Pet History:

1. Do you own other pets? Yes ----- No ----- Total number of animals: -----

If yes please complete information below

Are they current on their vaccinations? Yes ----- No -----

Are your dogs on heartworm preventatives? Yes ----- No -----

Do your cats go outside? Yes ----- No -----

Animal 1

Name: ----- Type/Breed: ----- Sex: ----- Age: -----

Neutered/Spayed? Yes----- No ----- Length of ownership: -----

Animal 2

Name: ----- Type/Breed: ----- Sex: ----- Age: -----

Neutered/Spayed? Yes----- No ----- Length of ownership: -----

Animal 3

Name: ----- Type/Breed: ----- Sex: ----- Age: -----

Neutered/Spayed? Yes----- No ----- Length of ownership: -----

2. Have you had other pets in the last five years? -----

What happened to them? -----

3. Have you ever given up a pet for adoption? Yes ----- No -----

If yes, please explain the circumstances: -----

4. Have you ever adopted from Paris, Illinois area before? Yes----- No -----

5. Have you ever surrendered an animal to an animal shelter? Yes----- No -----

Pet Information:

1. Will there be someone home with your pet during the day? Yes ----- No -----

2. What is the greatest number of hours the pet will spend alone daily/nightly? Hours: -----

3. Where will the pet spend most of it time?

Crate ----- Indoors ----- Outdoors ----- Garage ----- Basement ----- Run -----

4. Where will your new pets main sleeping quarters be?

Crate ----- Pet Bed ----- Share bed with owner ----- Designated Room ----- Outdoors -----
Garage ----- Basement -----

5. Is there someone home at night? Yes ----- No -----

6. Do you plan to travel with your pet? Yes ----- No -----

7. If not, where will your pet stay when you are a way?

Friend or Family ----- Kenneled ----- In home pet-sitting -----

8. Have you ever taken a dog to obedience class? Yes ----- No -----

9. Have you ever crate trained or house trained a dog? Yes ----- No -----

Veterinarian Information

1. Name of current veterinarian: -----

2. Name and Location of animal hospital: -----

3. How much do you think this pet will cost you each year {please include food, heart worm preventative, flea control, medical and dental care, supplies, training, grooming, boarding cost and toys}? -----

Post Adoption Requirements:

1. You would return the animal to us if you feel you cannot keep him/her. You must not sell the animal or give it to anyone else.
2. You are responsible for providing proper shelter, food, water, exercise, medical care and humane treatment at all times for your companion animal.

I certify that the information given on this application is true and correct. If I am approved by the Edgar County Humane Association to adopt an animal, I agree to all the above requirements, I understand that failure to comply with any of the requirements will result in confiscation of the adopted animal.

Signature of Applicant:

----- **Date:** -----



Thank You from the E.C.H.A.

