



10. Who is your Veterinarian? \_\_\_\_\_ Name of Practice: \_\_\_\_\_

Address/Town: \_\_\_\_\_ Phone Number: \_\_\_\_\_

11. How many hours a day will this pet be left alone on a regular basis? \_\_\_\_\_

12. Where will your pet be kept when you are not at home? \_\_\_\_\_ Evening? \_\_\_\_\_

Crate Kennel: (Indoor/Outdoor) In House Tied Up Garage Basement Other \_\_\_\_\_

13. Where will your pet sleep at night? \_\_\_\_\_

14. Do you have a completely fenced-in yard?  Yes  No

Height and type of fence: \_\_\_\_\_

15. Do you agree to return this pet to MCAC if you can no longer keep it?  Yes  No

16. Have you ever had an animal impounded?  Yes  No

17. Have you ever relinquished ownership of an animal?  Yes  No

If Yes, Explain why: \_\_\_\_\_

18. Type of Animal you are interested in Adopting:

Breed \_\_\_\_\_ Sex: Female Male Hair: Short Long

Color \_\_\_\_\_ Purpose: Hunting Companion Safety Other: \_\_\_\_\_

**Please read the following information carefully and sign at the bottom if you agree:**

**Montgomery county can not guarantee the health and/or temperament of any animals released from the animal control facility**

**ADOPTER: I understand that I am adopting this dog/cat AS IS. I will make no claims against Montgomery County for damages done by this dog/cat after adoption**

By signing this form, I certify that all the information in this application is true. I may cancel this application for adoption and return the animal to Montgomery County Animal Control. Once the animal leaves the facility, the adoption fee is non-refundable. **If for some reason you cannot keep the animal, you must notify Animal Control to make arrangements to return the animal to the Animal Control Facility.**

By signing below, you are agreeing to have the adopted animal (if over 6 months of age) spayed or neutered within 30 days of adoption by State Law. Failure to comply with Illinois State Law will result in impoundment of the pet and/or fines. Pets less than 6 months of age must be spayed/neutered at 6 months. You must be at least 18 years old in order to adopt from MCAC. You must have one form of ID with proof of identity and current address. I certify that all information provided on this survey is true and that false information may result in nullifying this adoption. I also give permission to MCAC to verify with my veterinarian that vaccinations are current.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**To be completed by Staff only**

Date: \_\_\_\_\_ Control # \_\_\_\_\_ Spayed/Neutered \_\_\_\_Yes \_\_\_\_No Reference Check Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Vet Check up: \_\_\_\_\_ By: \_\_\_\_\_ Rabies Vac \_\_\_\_\_ Heartworm test \_\_\_\_\_

Spayed or Neutered Follow up: \_\_\_\_\_

