



Animal Adoption Application

DOG

PUPPY

CAT

KITTEN

Name of Animal You Wish to Adopt: _____

Name(s) _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Length of time at current address _____ years;

Do you: Own Rent (in a) House Condo/Apt/Townhome

If renting: Landlord name _____ Phone _____

If own, have you checked with your Homeowners' Association regarding their pet policy? Y N

Household Composition: # Adults _____ # Children _____ Ages of Children _____

Are all family members in agreement with this adoption? Yes No

Do you, or any members of your family, have allergies to pets? Yes No

If yes, please explain what you/family member is allergic to _____

If you find that you/family have allergies to your pet after you adopt, what will you do? _____

Why are you interested in adopting a pet (check all that apply)?

Companion for self/family

Gift;

Protection for home/business

Companion for other pet

Replace previous pet

For a child

Other (please specify) _____

Personal References

List three references, including one neighbor, but NO relatives:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Personal Pet Profile

Will this be your first pet? Yes No

IF No, AND the pet does not currently live with you, please complete the following:

Type of Pet (e.g., dog, cat)	Breed, pet name	Age	Gender	Neutered	How long did pet live with you (years)?	What happened to pet?
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you have pets in your home that you own? Yes No

If yes, please complete the pet profile to the right:

Type of Pet (e.g., dog, cat)	Breed, pet name	Age	Gender	Neutered
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you currently have *foster* pets in your home? Yes No

If yes, which organization(s) are you fostering for?

If yes, please complete the foster profile to the right:

Type of Pet (e.g., dog, cat)	Breed	Age	Gender	Neutered
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Where do your pets sleep at night? _____

Where are your pets kept during the day? _____

How long are the pets in your home left alone? _____ hours per day

Have the pets in your home had all of their vaccinations? Yes No

What brand of pet food do you feed your pets? _____

Have your pets had any medical issues? Yes No

If yes, explain the issue and how you handled it _____

If you have, or had, any pets in the past, please list their veterinarian's contact information:

We must be able to contact your veterinarian to confirm that all pets are up-to-date on vaccinations and received on-going care.

Veterinarian name _____ Phone _____

For whom are you adopting this pet? _____

Who will feed, care, and nurture this pet? _____

How much per year are you prepared to spend on medical care for this pet? _____

How long will you allow for this pet to adjust to its new home?

- Few Days A Week A Month 2-6 Months 7-12 Months One Year or More

Have you ever relinquished an animal to a shelter? Yes No

If yes, please explain why _____

How many hours per day do the adults in your family spend at home? _____ hours

Please indicate the work hours of the adults in your home:

Name	Work Hours

For Dogs (check all that apply)

How will you confine your dog? Fence Invisible Fence Chain or Leash Kennel Dog Run

How will you exercise your dog? Walks Dog Park Other _____

If fence, please specify the height and type of fence: _____

For Cats (check all that apply)

Do you plan to de-claw? Yes No; If yes, Front Back Both

Will your cat be: Inside Outside Both

How would you handle the following situations if your animal engaged in these behaviors:

Behavior	What would you do?
Urinate/defecate in the house	
Shedding	
Chewing on furniture, plants, etc.	
Scratching/Biting	
Getting into the garbage	
Barking	
Play Biting	
Jumping on furniture/tables	
Scratching/tearing belongings	

What do you consider a valid reason for giving up a pet?

- | | | | | |
|---|---|--|-------------------------------------|--|
| <input type="checkbox"/> Digging | <input type="checkbox"/> Fleas/ticks | <input type="checkbox"/> Moving | <input type="checkbox"/> Biting | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Disobedience | <input type="checkbox"/> Barking | <input type="checkbox"/> Growing too big | <input type="checkbox"/> Aggression | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> Pet becomes pregnant | <input type="checkbox"/> Chewing | <input type="checkbox"/> Unable to house train | <input type="checkbox"/> Vet Bills | <input type="checkbox"/> Rough w/ kids |
| <input type="checkbox"/> Not Relating to Family | <input type="checkbox"/> Other (please specify) _____ | | | |

Do you object to unannounced visit(s) by our staff? Yes No

Thank you for submitting an adoption application to AHFA and choosing to save a life. There may be up to a 72 hour waiting period before the adoption will be finalized to allow time for personal and veterinary checks. You must be at least 21 years of age to adopt.

I understand that the completion of this application does not guarantee an adoption and that AHFA reserves the right to refuse adoption. _____ (Initials)

I understand that any references will be contacted by AHFA for satisfactory recommendations. _____ (Initials)

I certify that I have never been convicted of a crime related to animal cruelty, abuse, or neglect. _____ (Initials)

I understand that applicants must live within a 100 mile radius of Huntley, IL. Also that adoption may be refused if there are any children under the age of 5 years old in the home. _____ (Initials)

I understand that I must return the pet to AHFA if I find that I can no longer care for the animal. Further, I understand that if I relinquish the pet to another shelter or rescue, I am liable for reimbursing AHFA for all costs associated with reclaiming the animal. This includes, but is not limited to, transportation cost, damages, legal fees, fees for medical treatment, any fees charged by the individual/entity in possession of the animal, health certificates for inter-state transfer, etc. _____ (Initials)

By signing this application you certify that the information contained herein is true and complete. You further understand that by signing below you are allowing verification of all information on this application, including veterinary reference, personal reference, home ownership or landlord/rental agreement. You acknowledge that if any of this information is found to be untrue or references are not positive, your adoption request will not be granted. You acknowledge and agree that this may include home inspection(s) before and after adoption.

Signature(s) of Adoptive Applicant (s) Date _____

Please submit your completed application via mail or email.

Mail: A Heart for Animals, Inc.
PO Box 986
Huntley, IL 60142

Email: aheart4animalsanimalwelfare@gmail.com and put "Adoption Application" in the subject line

If you have any questions, please call us at 847-868-AHFA.

Once your completed application has been received and reviewed, one of our adoption counselors will contact you.

For Office Use Only	
Application Number _____	Date Received _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of interview: _____	
Name of Approver: _____	Secondary Approver: _____
Comments: _____	