

**McDonough County Animal Shelter**

101 E. Tower Rd Macomb, IL 61455

Tele: 309-837-2989

Fax: 309-836-2842

Email: mcas@macomb.com

## **Adoption Application**

When adopting you must be 18+ years of age. We require a veterinarian reference (fill out veterinarian information on the back, so that we can call for a reference) or a personal letter of recommendation. If completing a letter of recommendation, the letter cannot be from someone you know on a personal level such as a friend or family member. The letter must have name, address and phone number of the person recommending you, how they know you and they must realize that we will be calling to confirm their recommendation. Emails are accepted but the above mentioned info still must be included.

Date of Application Submission: \_\_\_\_\_

Name of Animal of Interest Dog/Cat: \_\_\_\_\_

Your First/Last Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

2<sup>nd</sup> Address/City/State/Zip: \_\_\_\_\_

Your cell phone Number: \_\_\_\_\_

Secondary cell phone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Are you 18 years old or older? Yes or No

If no, parent or guardian must sign application. \_\_\_\_\_

Names of other Adults (18+) in home: \_\_\_\_\_

Number of Children in the home /Ages: \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Is your home a Single family home, Apartment or Mobile home \_\_\_\_\_

If interested in a dog, does your residence have a fenced in yard? Yes or No

**McDonough County Animal Shelter**

101 E. Tower Rd Macomb, IL 61455

Tele: 309-837-2989

Fax: 309-836-2842

Email: mcas@macomb.com

Are you employed? Yes or No

Employer's Name: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Are you a military veteran (must have identification)? Yes or No

Do you currently have pets? Yes or No

List Pets Name/Species

\_\_\_\_\_  
\_\_\_\_\_

Are your pets spayed/neutered? Yes or No

Are your pets' vaccinations current? Yes or No

If you reside in McDonough County and have dog(s), is the dog(s) currently registered with county? Yes or No

Will this pet be inside, inside/outside or outside? \_\_\_\_\_  
(If outside, shelter MUST be provided)

Veterinarian's Name: \_\_\_\_\_

Veterinarian's Phone Number: \_\_\_\_\_

The McDonough County Animal Shelter reserves the right to approve or deny any application based on the information collected as well as the needs of the animal. Completion of this application does not guarantee an approval for adoption nor does it place a hold on any animal.