

Illinois Humane
P.O. Box 512, Springfield, IL. 62705, www.illinois humane.org
Illinois Shelter License No. 10913
(217) 698-3804

You have decided to adopt a beloved new family member, and we thank you for your interest in adopting from Illinois Humane.

The animal you are interested in has been in our care and custody and we think the world of him or her. The organization, pursuant to its own standards and the care guidelines established by regulatory authorities, has invested significantly in the animal's well-being. The adoption fees listed below represent only a portion of the money Illinois Humane has invested in each animal. With this adoption fee, you are making it possible for Illinois Humane to continue its work providing a safe haven for animals that are the victims of neglect and cruelty cases. We greatly appreciate your support.

Our animals come to us as victims of cases of neglect and cruelty, from government animal control agencies, from owner relinquishments, and strays not reclaimed. Each has been evaluated for its suitability as a household pet. The animals we present at general adoptions have successfully met the requirements of these evaluations. However, because of the background of the animals, and in light of the information we have garnered in this evaluation process, for each adoption, an Illinois Humane adoption counselor will work with you to make sure that the animal you are interested in is, indeed, a good fit. Because we are concerned about the long term well-being of both your household and the animal, we reserve the right to deny any potential adoption we feel is unsuitable. Our adoption process includes a home visit, and follow-up visits and phone calls.

Below you will find the health services that have been administered to Illinois Humane's animals. Some puppies and kittens may not have received all boosters because of their age. It will be your responsibility to furnish the necessary booster shots. If a booster is needed, this information will be reflected on the individual health record you will receive for your animal.

Adoption Rates

Cats/Kittens \$50.00

Two adopted as a pair \$65.00

Tested for: Feline leukemia
FIV(Feline Immunodeficiency virus)

Vaccinations: Rabies (1 year)
Distemper
FeLeuk

Treatments: Fleas and ticks, worms
Spayed or neutered
Microchipped

Dogs and Puppies \$150.00

Tested for: Heartworm
Vaccinations Rabies (1 yr)
Canine Distemper/Parvo
Bordetella

Treatments: Fleas and ticks, worms, hrtwm
Spayed or Neutered
Microchipped

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Adoption Application

In order to be considered as an adopter, you must: be 18 years of age or older; have identification showing your present address; have a photo id for application verification purposes.

Pet's name _____ Date ____/____/____ Time _____
Your name _____ Date of Birth _____
Telephone (home) _____ (work) _____
(cell) _____
Address _____ City _____ State _____ Zip _____
Email Address _____

1. Type of home: House ____ Condo _____ Apartment _____ Other _____
2. Do you: Own ____ Rent ____ Live with Parents or Roommates _____
3. If you rent, Illinois Humane has permission to verify that animals are allowed
Landlords/Mgmt. Company's full name _____
Landlord's Telephone # _____
4. How long have you lived at current address? _____ If less than one year, what was your previous address? _____
5. Are you planning to relocate in the next 30 days? Yes No
6. If you do move in the future, what will you do with your pet? _____

7. Number of adults in your household _____
Number of children _____ Ages of children _____
8. Is everyone in your household in agreement with adopting this animal? Yes No
9. If no, please explain _____

10. Who will be responsible for taking care of the pet (feeding, exercising, cleaning)? _____

11. Dogs and cats often live longer than 15 years. Are you prepared to take responsibility for this pet for its entire lifetime? Yes No
12. Do you agree to return the pet to Illinois Humane if you can no longer keep it? Yes No
13. How much do you estimate spending yearly for your new pet to feed, vaccinate, license and all necessary medical care? _____
14. If this animal becomes ill or injured, are you financially prepared to treat this animal? Yes No
15. How will your pet be cared for if you are out of town? _____

16. If applicable, what brand of food do you currently feed your animals? _____
17. Have you previously applied to adopt a pet from Illinois Humane? Yes No
If yes, when _____, and where is the pet now? _____
18. It may take your pet a month or longer to adjust to a new home. Are you willing to allow this much time for adjustment? Yes No

19. Is this your first companion animal? Yes No
 If no, please list current pets and pets owned in the past

Type or breed	Pet's name	kept where	age altered	gender	still owned ?	if no, why
_____	_____	_____	Y/N	M/F	Y/N	_____
_____	_____	_____	Y/N	M/F	Y/N	_____
_____	_____	_____	Y/N	M/F	Y/N	_____
_____	_____	_____	Y/N	M/F	Y/N	_____
_____	_____	_____	Y/N	M/F	Y/N	_____
_____	_____	_____	Y/N	M/F	Y/N	_____
_____	_____	_____	Y/N	M/F	Y/N	_____

20. Has your current pet been vaccinated this year? Y N

21. List current or previous veterinarian

Name _____

Address _____

Phone _____

What name is used at your vet as owner of pet _____

Approximate date of last visit _____

Will you use this vet? Y N

If no, who will you use? _____

22. If you have other pets, have they ever been impounded at the Sangamon County Animals Control for violation of state or local animal control provision? Y N

If yes, please explain _____

23. Have you ever violated any local, state, or federal law or regulations involving the treatment of animals? Y N If yes, please explain _____

Please fill in this section if you are applying to adopt a cat.

Pursuant to the Illinois Humane Care for Animals Act, all animals must have adequate shelter to protect them from the elements at all times

Why are you adopting a cat? Pet ___ Companion ___ Companion for other pet ___

For children ___ For mousing ___ Breeding ___ Gift ___

Other(explain) _____

Where will the cat be kept during the day? _____

Where will the cat be kept during the evening? _____

Where will the cat be kept at night while you sleep? _____

Will your cat be allowed outside? Yes No

Do you intend to declaw your cat? Yes No

Please fill in this section if you are applying to adopt a dog.

Pursuant to the Illinois Humane Care for Animals Act, all animals must have adequate shelter to protect them from the elements at all times. The dog house should be of appropriate size to maintain the animals body heat and may need to be supplemented with straw during the winter. Owners and keepers of animals must provide adequate shade and ventilation during the summer months.

Why are you adopting a dog? Pet ___ Companion ___ Companion to other pets ___

For children ___ Guard dog ___ Hunting ___ Gift ___ Other (please explain)

If you intend to use the animal as a guard dog, how do you intend to train and socialize it so it is not unlawfully aggressive with humans and other animals? _____

Where will your dog be kept during the day? _____

Where will your dog be kept during the evening? _____

Where will your dog be kept while you sleep at night? _____

Do you have a fenced in yard? Y N If yes, height of fence? _____

If you do not have a fenced in yard, how will the dog relieve itself? Taken for a walk ___

Tied up ___ Outside kennel ___ Other (please explain)

How will you housebreak your dog? _____

If necessary, are you willing to consider crate training? Y N Obedience training Y N

On average, how many hours will the dog be left alone each day? _____

On average, how many hours will the dog be left alone each evening? _____

Pre-Adoption and/or Follow-up Home Visits Are Required by the Adoption Contract

As the condition of the adoption, Illinois Humane shall conduct one or more pre-adoption home visit and post-adoption follow-up visits, and contact the adopter by email and/or phone.

Records Release to Illinois Humane

I, _____, give my permission for the agents of Illinois Humane to contact my veterinary hospital, _____

_____ to obtain the information contained within my pet(s) records.

Signed _____ Date _____

Print Name _____

Terms of Application Agreement

I certify that the information provided on this application is true and correct to the best of my knowledge. I also acknowledge falsification of any information on this application can result in my being denied adoption of an animal. I authorize investigations of all statements in this application, and understand veterinarians, other humane agencies, landlords, etc. may be contacted. I further understand that the adoption of an animal may be delayed until information on this application can be verified.

Signed _____ Date _____

Print name _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Adoption Counselor Name _____

Date of action _____

Verified:

Landlord approval _____

Current pet(s) vaccinations _____

Previous Adoption _____

Packet of information given _____

Approved ____ Denied ____ Withdrawn ____

Reason for denial and/or comments:
