

**Humane Society of Central Illinois** **“OTHER” ADOPTION APPLICATION** (Staff use) ID # \_\_\_\_\_

How did you hear about HSCI? \_\_\_\_\_ Animal interested in: \_\_\_\_\_

In order to be considered for an adoption you must: 1) be 20 years of age 2) have the knowledge and consent of all adults living in your household 3) have a valid ID with current address 4) understand that completing this application does not guarantee adoption and that the Humane Society of Central Illinois must approve your application.

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please print name(s) of all adults in the home)

Email \_\_\_\_\_  Add to HSCI email list

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

DO YOU: Attend School \_\_\_\_\_ Work \_\_\_\_\_ Employer \_\_\_\_\_ Spouse's employer \_\_\_\_\_

DO YOU LIVE IN A: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Dorm \_\_\_\_\_ Mobile Home \_\_\_\_\_

DO YOU: Rent \_\_\_\_\_ Own \_\_\_\_\_ Live with Parents \_\_\_\_\_ Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_ Phone \_\_\_\_\_

How long at current address \_\_\_\_\_ If less than 1 year, please list previous address and how long there?  
\_\_\_\_\_

Please provide the following information about your household: Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_

Ages of children \_\_\_\_\_ Who will be primarily responsible for the care (feeding, grooming, exercise and training) of your new pet? \_\_\_\_\_

Why would you like to adopt a pet from us? Please check all that apply. Companion \_\_\_\_\_ Gift \_\_\_\_\_ To breed \_\_\_\_\_

For a Child \_\_\_\_\_ Companion for another pet \_\_\_\_\_ Other \_\_\_\_\_

How many pets do you have now: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ How many pets have you had in the last 5 years \_\_\_\_\_

Please list any pets *you now have or have had* in the past. If more space is needed use additional sheet.

<u>NAME</u>	<u>TYPE/BREED</u>	<u>AGE</u>	<u>SEX</u>	<u>FIXED?</u>	<u>WHY YOU NO LONGER HAVE</u>
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Are your current pets up to date on vaccinations and other necessary vet care? \_\_\_\_\_

What veterinarian would have records (past/present)? \_\_\_\_\_

Which veterinarian do you plan to use? \_\_\_\_\_

Have you ever adopted an animal from a shelter? If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_

By signing below, I certify that the information given is true and correct and I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet. I also give my veterinarian permission to release any vet care records and information about my current and past pets to the Humane Society of Central Illinois. I understand that this application is the property of the Humane Society of Central Illinois and that the Humane Society of Central Illinois has the right to deny my request to adopt. I authorize the Humane Society of Central Illinois to use my likeness in a photograph in any and all forms and media, including but not limited to publications, brochures, websites, exhibitions, digital media, social media such as Facebook, and any other printed or digital publications.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Staff use only:*

*ARK checked* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Staff notes* \_\_\_\_\_

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