

239 – 50th St., Moline, IL 61265
Phone: (309) 797-6550 Fax: (309) 797-0244
www.molineanimalaid.org

Date _____ Time _____
How did you hear about our shelter? _____

PLEASE PRINT ALL INFORMATION Animal Name _____ ID # _____

Your Name _____ How long at this address? _____

Name of Spouse/Significant Other living in the home _____

Street Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell () _____ Work () _____

Driver's License No. _____ Are you over 18 years of age? ___ Yes ___ No

Place of Employment _____ Are you a student? ___ Yes ___ No

Regarding the pet you wish to adopt Do you want a ___ kitten ___ cat ___ puppy ___ dog
If you want a dog, what size: ___ small ___ medium ___ large Do you have a fenced-in yard? ___ Yes ___ No
Is there a particular breed of dog/cat you are looking for?

1. Have you ever adopted any other animals from our shelter? ___ Yes ___ No
If yes, when? _____ Under what name? _____

2. Do you live in a: ___ house ___ apartment ___ condo/townhouse ___ duplex ___ mobile home

3. Do you own your home? ___ Yes ___ No

4. If you rent, do you have permission to have a pet? ___ Yes ___ No
Landlord's Name _____ Phone No. _____

5. For whom are you adopting this animal? _____

6. How many adults live in your home? _____ Please list ages of children in your home _____

7. Do all members of your household agree to this adoption? ___ Yes ___ No

8. Who will be mainly responsible for the care of this pet? _____

9. Do you mind if this animal requires grooming on a regular basis? ___ Yes ___ No

10. Does having pet hair around the home bother anyone in your home? ___ Yes ___ No

11. You should be aware that cats are able to jump on furniture, tops of cabinets—just about anywhere. If the cat does that, what would you do to prevent it? _____

12. What method of housebreaking will you use if this is necessary? _____

13. Do you have a place to keep a litter pan that will be convenient for the cat(s)? ___ Yes ___ No

14. How long will this pet be alone each day? _____ Where will it be kept when alone? _____

15. Are you aware of the leash laws in your community? ___ Yes ___ No

16. Can you afford the correct food, vet care, and other supplies that this animal will require? ___ Yes ___ No

17. Are you prepared to care for this animal for the rest of its life? ___ Yes ___ No

18. What would you do with this animal if you had to move and could not take it with you? _____

19. Will this animal live inside your home where you spend the majority of your time when you are present?
___ Yes ___ No

20. Describe the type of shelter that will be provided if the dog is to be outside (applies to dogs only—cats are to be kept inside) _____

21. When this animal is outside, will it be confined or be allowed to run loose?

___ Confined ___ Run loose ___ Not allowed outside Please complete the back of this form →

PRE-ADOPTION APPLICATION FORM (continued)

22. Do you currently have any pets in your home? ___ Yes ___ No If Yes, please list them below:

Cat or Dog	Name	Sex	Spayed/Neutered	Kept inside or outside	Breed Description

23. As an adult, how many animals have you owned other than those listed above? _____
 What happened to those animals? _____

24. Veterinarian's name for reference _____ City _____
 Phone No. _____ Name account is listed under _____

25. SPAY/NEUTER POLICY: All adult animals adopted from ANIMAL AID HUMANE SOCIETY will already be spayed/neutered at the time of adoption. If you wish to adopt a kitten under 5 months of age, we will give you a voucher to have the spay/neuter performed at our cost and at a veterinarian of our choice as soon as the animal reaches 5 months of age. Will you adhere to this Spay/Neuter policy? ___ Yes ___ No

I agree that all statements I have made on this form are true. If it is found that any statements I have made on this form are not true, the adopted animal can be confiscated. I understand the information and references I have given may be verified by ANIMAL AID HUMANE SOCIETY to confirm landlord permission, veterinarian references, etc., and that this information will be held in confidence and used only by ANIMAL AID HUMANE SOCIETY.

I also understand that ANIMAL AID HUMANE SOCIETY maintains the right to refuse any adoption in the best interest of the animal(s).

Potential Adopter's Signature _____ Date _____

Animal Aid Humane Society's Representative _____ Date _____

Thank you for completing this Pre-Adoption Application Form.

The answers that you gave us will help us to determine what type of animal is right for you and your family as well as your lifestyle and will also help us to conclude what type of home you will provide for one or more of our animals.

ADOPTION APPROVAL: If you have been selected to adopt this pet, someone from ANIMAL AID HUMANE SOCIETY will contact you within 48 hours of receiving and reviewing your Pre-Adoption Application Form.

Animal Aid Humane Society

Office Use Only

Landlord approval ___ Yes ___ No Comments _____

Veterinarian approval ___ Yes ___ No Comments _____

Overall impressions _____

Adoption Status ___ Approved ___ Denied If denied, what was the reason? _____

Notified applicant of decision Date _____ By _____ Comments _____