



239 50th Street, Moline, IL. 61265
309-797-6550

PRE-ADOPTION APPLICATION FORM
molineanimalaid@gmail.com

APPROVED ___ DENIED ___ BY _____ molineanimalaid@gmail.com

(To be completed and returned to Animal Aid Humane Society for review)

Date _____

POTENTIAL ADOPTER: Please fill in the pet's name and type of animal (kitten, cat, puppy, dog, etc)

AAHS ID #. A16-0000 on cage card.

Pet's Name Mouse Type of Animal Cat MC ID # 123 123 123

Where did you see this pet?: Animal Aid Petco Moline ___ Petco Davenport ___ Pet Smart ___ Other ___

1. PERSONAL INFORMATION

Name (first) John (mi) M (last) Doe Date of Birth 01/01/1801

Employer ARC Day Co. Fill in Driver's License No. 000 LL 154 000

Spouse/ (in the home) Name (first) Jane (mi) M (last) Doe

Date of Birth 01/01/1801 Street Address 121 Lovers Lane City CatCity State Iowa

Cell Phone 555 -1212 Work Phone 555-1213 How long at this address? 100 yrs

Do you live in a house apartment ___ condo/townhouse ___ duplex ___ multiplex ___ mobile home ___

Do you own your home? Yes No ___ If you rent, do you have permission to have a pet? Yes ___ No ___

Landlord's Name Phone Number _____ How many adults live in your home? _____

Please list ages of children in your home. _____

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

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

Are you a student? Yes ___ No {If under 18 and you live at home, we will need permission from your parent/legal guardian for this adoption.} Parent/Legal Guardian's Name _____

Phone Number _____ Cell Phone Number _____

Spouse's Employer Home Maker

2. GENERAL INFORMATION

Have you ever adopted any other pets from our shelter? Yes ___ No If yes, when? _____

Are you looking for an Indoor pet Outdoor pet ___ Indoor/Outdoor pet ___ Caged pet ___

Do you mind if this pet requires grooming on a regular basis? Yes ___ No

Does having animal hair around the home bother anyone in your home i.e. allergies, asthma, etc.? Yes ___ No

3. GENERAL INFORMATION CONTINUED ^{30 min}

How long will this pet be alone each day? _____ If you adopt a pet, what type of facilities do you have to accommodate them to keep your puppy/dog, or cat/kitten safe from others, and safe for your home and belongings? Accommodations when left alone. _____ sit in his own chair, sleep in his own bed

Do you agree to an annual exam and vaccinations as recommended by your vet? Yes No _____
Are you prepared to care for this pet for the rest of its life (it may be a commitment of 20 + years)? Yes No _____

If anything should change after the adoption and you can no longer keep your adopted pet, it must be returned to Animal Aid Humane Society. It cannot be given to another shelter or another person. Do you agree to this? Yes No _____
Will this pet live inside your home where you spend the majority of your time when you are present? Yes No _____
Pet expenses: Whether it's an annual physical, rabies vaccination, flea treatment or heart worm meds, ongoing expenses for food or litter, or possibly an illness/injury that would require a special trip to the vet or Animal Emergency Center--We like to remind our potential adopters that owning a pet carries a financial responsibility beyond the adoption fee. Is this something that works with your budget? Yes _____ No _____ I Think So

4. FOR KITTENS/CATS

All cats adopted from Animal Aid Humane Society are to be kept inside. Do you agree to do this? Yes _____ Maybe
Are you aware of the leash laws in your community? Yes No _____
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?

Do you have a place to keep a litter pan that will be convenient for the cat (s)? Yes _____ No _____ I Think so

5. FOR PUPPIES/DOGS

Do you have a fenced in yard? Yes _____ No _____ While outside, will it be allowed to run loose or be confined? _____
What type of confinement is there? _____
What method of housebreaking will you use if this is necessary? _____
Are you aware of the leash laws in your community? Yes _____ No _____
Will you keep your dog or puppy on heart worm preventative medicine as prescribed by your Veterinarian _____
Describe the type of shelter that will be provided if the dog is to be outside during any part of the day.

We Apologize for the length of this form, but it is very important to us that we get a great 'forever home for our pets at Animal Aid Humane Society. I do hope that you understand. Just a few more questions.

6. YOUR OTHER PETS:

Do you currently have any pets in your home? Yes No _____ If yes, please list them below: Do you have a Special Needs Animal Yes _____ No If Yes explain. _____ .As an adult, how many pets have you owned other than listed above? 20 What happened to those pets? _____ old age caught up to em
You Veterinarian's name for reference. John Jake Jingle Hymer Smith the 3rd
City Dog City Iowa * If you have never owned a pet and have no vet, please provide a reference.
Name _____ Phone No _____ Second Phone _____
No _____ .

7. NAME OF PETS YOU HAVE NOW: Tell us if Cat, kitten, dog, puppy, etc > The Breed, or Animal Description. >

It's Sex. >If Altered >Any Vaccinations > If they are kept as an Inside or Outside pet >Remarks that are helpful. .
1 Smart One, Dog, Mutt Black, White, with big ears Male altered 2015 All shots up to date Inside but we go for

a jog every day

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3.

SPAY/NEUTER POLICY: All adult pets 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 pet reaches 5 months of age.

STATEMENT OF UNDERSTANDING : "Will you adhere to this policy? Yes No I agree t hat 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 reference s, 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 adoptions in the best interest of the animal(s) Yes I understand. I Think I understand

Potential Adopter's Signature Mr. John Doe Date 12/12/2015
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 pet 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 pets. ADOPTION APPROVAL \ If you have been selected to adopt this pet, someone from Animal Aid Humane Society will contact you by phone or email after receiving and reviewing your Pre-adoption Application Form. Again we apologize for the length of this pre-adoption form. It is important that we cover all the basic so to speak, so that you and the pet you choose will have a life long lovable relationship. Thank You for understanding. Revised 11/27/2015