



# ROMEOVILLE HUMANE SOCIETY

P.O. Box 7052, Romeoville, IL 60446

Phone **and** Fax 877-813-7300

info@RomeovilleHumaneSociety.org

www.RomeovilleHumaneSociety.org

## Adoption/Foster Application

DATE: \_\_\_\_\_ PET'S NAME: \_\_\_\_\_ FOSTER ☐ ADOPT ☐

**\*\*Application MUST be COMPLETE and LEGIBLE or cannot be processed.\*\***

Adoption requirements: (1) Be at least 18 years of age, (2) Have the consent of all adults living in the household, (3) Have approval from the residence owner, (4) Home visit may be required for foster and or adoptions, (5) Have valid ID with current address, (6) All current pets in the home be spayed or neutered and up to date on vaccinations and (7) Be approved by Romeoville Humane Society as a suitable adoptive/foster home.

### HOUSEHOLD INFO:

Applicant: \_\_\_\_\_ Drivers License/ State ID: \_\_\_\_\_

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

Cell phone: (\_\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ May We Text YES ☐ NO ☐ Date of Birth: \_\_\_\_\_

Preferred method of contact: HOME ☐ CELL ☐ WORK ☐ EMAIL ☐

Number of adults in the home (including you) \_\_\_\_\_ Number of & ages of children in home: \_\_\_\_\_

Any known animal allergies in your family? YES ☐ NO ☐ Please list \_\_\_\_\_

Who will be the primary care giver for the pet? \_\_\_\_\_

What is your family's current lifestyle: Very Active ☐ Active ☐ Moderate ☐ Home often ☐

Do you work: Full ☐ Part Time ☐ How many hours a day would the pet be left alone? \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Years at present employer: \_\_\_\_\_

Have you ever been convicted of a felony? YES ☐ NO ☐ Please list \_\_\_\_\_

### RESIDENCE INFORMATION:

Do you: RENT ☐ OWN ☐ Apartment ☐ Condo ☐ Townhouse ☐ Single-family ☐ Other ☐ \_\_\_\_\_

Length of time you have lived at present address? \_\_\_\_\_ Any plans to move in the near future? YES ☐ NO ☐

What will you do with your animal if you move? \_\_\_\_\_

Does your residence have a functioning "doggie door"? YES ☐ NO ☐

### If renting:

Property owner/Landlord's name and phone number: \_\_\_\_\_

Does your lease allow pets? YES ☐ NO ☐ Can you provide a copy of your lease? YES ☐ NO ☐

Is a deposit required? YES ☐ NO ☐ Has the property owner given permission to adopt? YES ☐ NO ☐

### General Questions:

Why do you want to adopt? (Check all that apply): Companion ☐ Companion for Another Animal ☐

Gift for Adult ☐ Gift for a Child ☐ To Teach Child Responsibility ☐ Other ☐ \_\_\_\_\_

Are you aware of the general pet care costs (food, vaccines, medical care, and boarding)? YES ☐ NO ☐

Do you travel often with work or vacation? YES ☐ NO ☐ How often? \_\_\_\_\_

Who will care for your pet in your absence? \_\_\_\_\_

What kind of ID will be kept on the pet? \_\_\_\_\_

Are you aware of the pet regulations and fees in your village? YES ☐ NO ☐

How much time are you prepared to allow the pet to adjust to your home? \_\_\_\_\_

How do you plan to introduce your new pet to your household?

What will you do if it does not go well?

What will you do in the following events?



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## FOR CATS Applications: (ANSWER ALL)

Litter Box Accidents: \_\_\_\_\_

Spraying: \_\_\_\_\_

Scratching people/other pets: \_\_\_\_\_

Climbing curtains: \_\_\_\_\_

Hiding: \_\_\_\_\_

Do you plan to declaw? YES ☐ NO ☐

Do you allow your cat/s outdoors? YES ☐ NO ☐

## FOR DOGS Applications: (ANSWER ALL)

Barking problems: \_\_\_\_\_

Aggressive behavior: \_\_\_\_\_

Chewing/Digging: \_\_\_\_\_

Housebreaking problems: \_\_\_\_\_

Nipping and biting: \_\_\_\_\_

Do you have a fence? YES ☐ NO ☐ How high \_\_\_\_ ft.

If Yes, Explain? \_\_\_\_\_

## PET HISTORY: (last 5 years)

### Pet #1:

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M ☐ F ☐ Spay/Neutered: YES ☐ NO ☐

Still Own? YES ☐ NO ☐ If No, Why? \_\_\_\_\_ Given to Shelter or Rescue? YES ☐ NO ☐

Dates of last: Rabies Vac. \_\_\_\_\_ Distemper Vac. \_\_\_\_\_ Heartworm test/preventative \_\_\_\_\_

### Pet #2:

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M ☐ F ☐ Spay/Neutered: YES ☐ NO ☐

Still Own? YES ☐ NO ☐ If No, Why? \_\_\_\_\_ Given to Shelter or Rescue? YES ☐ NO ☐

Dates of last: Rabies Vac. \_\_\_\_\_ Distemper Vac. \_\_\_\_\_ Heartworm test/preventative \_\_\_\_\_

**\*\*Please attach additional sheets for additional pets. Please list ALL pets.**

## Veterinary Info:

What veterinary clinics vaccinated, spayed or neutered the above pets?

Clinic: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Account Name at clinic if different than Applicant Name: \_\_\_\_\_

Clinic: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Account Name at clinic if different than Applicant Name: \_\_\_\_\_

## Please list (2) personal references along with phone numbers (not living with you):

1. \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

I, the undersigned, certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation of facts will result in my losing the privilege of adopting an animal from Romeoville Humane Society. I understand that Romeoville Humane Society has the right to deny my request to adopt an animal, for cause or at the discretion of the Romeoville Humane Society's Board of Directors. I understand that this application becomes the property of Romeoville Humane Society, and all information given herein is for Romeoville Humane Society's use alone. I, along with those persons accompanying me, assume the risk of injury or contamination, which may be incurred, because of my viewing any animal under the care of Romeoville Humane Society.

Print Name: \_\_\_\_\_ Preferred contact number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please follow up with us if you are not contacted within 72 hours.

**FAX TO: 877-813-7300**

**EMAIL TO: RomeovilleHumaneSociety@yahoo.com**