



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