



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 ☐

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 home.

HOUSEHOLD INFO:

Applicant: _____ Drivers License/ State ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: (_____) _____ Work phone: (_____) _____

Cell phone: (_____) _____ E-mail address: _____

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

Number of adults living in the home (including you) _____ Number of & ages of children living 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? _____

If renting:

Property owner's name/phone number: _____

Name and address of housing complex manager: _____

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

Does your lease allow pets? YES ☐ NO ☐

Is a deposit required? YES ☐ NO ☐

Is the property owner aware you intend to adopt an animal? YES ☐ NO ☐

Have they given permission? 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, inoculations, 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?

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What will you do if it does not go well?

What will you do in the following events?

FOR CATS Applications:

Litter Box Accidents: _____

Spraying: _____

Scratching people/other pets: _____

Climbing curtains: _____

Hiding: _____

FOR DOGS Applications:

Barking problems _____

Aggressive behavior _____

Chewing/Digging _____

Housebreaking problems: _____

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

Do you have indoor/ Outdoor Cats? YES ☐ NO ☐ If Yes, Why? _____

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.**

Veterinarian:

What Veterinarian (or hospital) are you currently using? (Used for shots/spay/neuter)

Name: _____ City: _____ Phone #: (____) _____

Name: _____ City: _____ Phone #: (____) _____

Please list (3) personal references along with phone numbers (neighbor, friend, relative):

1. _____ Phone: (____) _____ Relationship: _____

2. _____ Phone: (____) _____ Relationship: _____

3. _____ Phone: (____) _____ Relationship: _____

How did you hear about Romeoville Humane Society (store, event, newspaper, website or other)? _____

Would you like information on becoming a "Romeoville Humane Society" member? YES ☐ NO ☐

Do you have any question or concerns?

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: ____/____/____

FAX TO: 877-813-7300

EMAIL TO: RomeovilleHumaneSociety@yahoo.com

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