

KENDALL COUNTY ANIMAL CONTROL
DOG ADOPTION APPLICATION

Date: _____

Name of Pet Wanted: _____

Name: _____

Address: _____

City: _____ State: _____ Zip : _____ County _____

Home Phone: (____) _____ Cell Phone: (____) _____

1. Do you live in: House Apartment Townhouse Condo Other: _____

2. Do you own or rent? _____

a. If renting, provide landlords

b. Name: _____ Phone: _____

(Please attach copy of lease and approved pet rider to this application.)

3. Please list everyone who lives at your address

Name	Age	Allergies? (Y/N)

4. The reason I /we want this pet is? _____

5. Who will be responsible for the care and well being of this animal?

6. How many hours a day will this animal be left alone? _____

7. Where will this animal be kept when you are not at home? _____

8. Please list any animals you have owned in the past 5 years

Name	Species/Breed	Inside? Outside? Both?	Age	Sex	Spay/Neuter	Still Own?

9. Please list the name and phone number of your primary Veterinarian:_____

10. How do you plan on house breaking your dog?

11. How do you plan on training your dog?

12. If you move, what would you do with your pet?

By signing below, I certify that:

- **I am 18 years of age or older**
- **The information I have provided is true and accurate to the best of my knowledge**

Signature

Date

*Adoptions may be refused at the discretion of the Animal Control staff.