

ROCK ISLAND COUNTY ANIMAL CARE & CONTROL ADOPTION APPLICATION

▼ PLEASE PRINT YOUR ANSWERS TO THE FOLLOWING QUESTIONS:

NAME

STREET ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

DRIVER'S LICENSE NUMBER

Will this be your first experience with a pet? Yes No

Have you ever adopted a pet from this establishment before? Yes No

Does anyone in your household have allergies to animals? Yes No

Are you over 18 years of age? Yes No

Are you able to provide and care for this pet financially? Yes No

Do you feel you can commit to this animal for it's lifetime? Yes No

Do you understand that you may have to housetrain this pet? Yes No

Are you willing to take your dog to obedience training if needed?
 Yes No

If you move in the future, will you take this animal with you? Yes No

Your living arrangements? Own Rent Live with Parents

House Apartment Condo Duplex Mobile Home Fenced Yard

If you rent, does your landlord allow pets on the property? Yes No

Landlord's name: _____

Landlord's phone number: _____

How many children do you have? _____ Ages? _____

Where will your pet be kept? In Out Your pet will sleep? In Out

How many CATS do you have? _____ How many DOGS do you have? _____

Are ALL of your pets spayed or neutered? Yes No

What happened to any previous pets? Death Lost Sold Gave Away Shelter

My signature constitutes that the information provided on this application is true, accurate and complete and that I am the primary care giver for the animal being adopted. I understand that any false information or misrepresentation of fact provided will deem any adoption contract with Rock Island County Animal Care & Control, null and void. I further understand that RICACC maintains the right to refuse any adoption in the best interest of the animal.

SIGNATURE

DATE



OFFICE USE ONLY

VERIFY

- Landlord approval
- Decline List
- Driver's License #

Animal's ID Number

Animal's Name

Adoption Status

Approved

Declined

Staff's Signature

Additional Info