

*Adoptable pets and their pictures can be found online at www.petharbor.com.
This adoption application can be filled out and submitted online at www.dmcasf.org.



Macon County Animal Control & Care Center

2820 Parkway Drive, Decatur, Illinois 62526

Ph: 217.425.4508 Fax:217.425.4511



Adoption Application

In order to adopt an animal from the Macon County Animal Control and Care Center, the applicant must be over the age of 18 and approved based off of this completed application. Please keep in mind that adopting a pet is a lifetime commitment! Submitting this application does not automatically mean you are able to adopt.

PLEASE FILL OUT THE APPLICATION COMPLETELY. IF A QUESTION DOES NOT APPLY, WRITE N/A.

POTENTIAL ADOPTER'S BASIC INFORMATION

Name: _____ D.O.B: _____ Driver's License **State**: _____

Address: _____ Apt #: _____ County: _____

City: _____ State: _____ Zip: _____

Home/Cellular Phone: _____ Work Phone: _____

Email Address: _____

How long have you lived at this address? _____ *If less than five years, please list your previous address(es) here:* _____

Name of the animal you are interested in adopting _____

PLEASE LIST YOUR CURRENT PETS

(DO NOT INCLUDE YOUR PARENTS' ANIMAL(S) UNLESS YOU LIVE WITH THEM)

Name _____ Age _____ S/N _____ Breed _____ Current on Vaccines? _____

Name _____ Age _____ S/N _____ Breed _____ Current on Vaccines? _____

Name _____ Age _____ S/N _____ Breed _____ Current on Vaccines? _____

Name _____ Age _____ S/N _____ Breed _____ Current on Vaccines? _____

Are Your Currents Pets Kept INDOORS or OUTDOORS? _____

Who is Your CURRENT Veterinarian? _____ Phone # _____

Whose name are the vet records under? _____

Are you currently in the Military or a Veteran? _____

PLEASE READ and COMPLETE

Have You Ever Surrendered a Pet to a Shelter or Given a Pet Away? If Yes, Please Explain: _____

Will this animal be kept INDOORS or OUTDOORS (Circle One)

*All animals adopted are in "as is" condition. MCAC makes no representations or warranties as to the health, condition, personality, or temperament of this animal. There is a possibility that this animal may become sick after leaving the shelter. Do you understand that it is your responsibility to treat this animal? _____ **(Initial)**

*Your adopted pet's rabies vaccination must be registered with your county of residence within 30 days of the adoption date. THIS IS YOUR RESPONSIBILITY! Hefty fines may be incurred at your expense for failure to comply. Do you understand? _____ **(Initial)**

*If you rent your home from an individual, family member, or property management company, are you FULLY aware of any pet policies including any breed, size, or age restrictions as well as any potential pet deposits and/or increase(s) in monthly rent? _____ **(Initial)**

*I understand that MCAC has the right to approve or deny my application at its discretion. In the case that my application is denied, I understand that the reason for denial may not be shared with me or any other party. _____ **(Initial)**

I hereby certify that all information in this adoption application is true and complete to the best of my knowledge. I give permission for shelter personnel to contact all veterinarians to confirm the health and vaccination records of my current pets.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Manager Reviewed By:

APPROVED? Y/N

Staff Notes: