

802 W. John St. Yorkville, IL 60560 630-553-9256 animalcontrol@kendallcountyil.gov

<u>CAT ADOPTION APPLICATION</u>
This application must be fully completed in order to be processed.

Date:			
	of Pet Wanted:		
Name	::		
Addr	ess:		
City:_	State:_	Zip : Coun	
Home	e Phone: ()	Cell Phone: ()_	
Email	Address:		
1.	Do you live in: House Apa	artment Townhouse Cond	lo Other:
2.	Do you own or rent? a. If renting, provide la		
(P	b. Name: lease attach copy of lease and	Phone: approved pet rider to this a	
3.	Please list everyone who live		
	Name	Age	Allergies? (Y/N)
4.	Are you, or anyone in your having custody or control or		urt order from owning, harboring, or No
5.	The reason I /we want this p	et is?	
6.	Who will be responsible for	the care and well being of tl	his animal?

9. Please l	ist any animals you	have owned in the pas	t 5 years						
Name	Species/Breed	Inside? Outside? Both?	Age	Sex	Spay/Neuter	Still Own			
10. Please l	ist the name and ph	one number of your p	rimary Ve	eterinaria	n:				
	-	one number of other v			cine clinics your	pets have			
12. Will thi	Will this animal live: Inside Outside Both								
			ng or litte	r box prol	olems?				
13. How do	you plan on handli	ng issues like scratchin	ig of fitter	-	icins.				
		ng issues like scratchin	ig or inter		, (CIIIS .				
			ag or inter		, (CIIIS -				

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