



**KENDALL COUNTY
ANIMAL CONTROL**

802 W. John St Yorkville, IL 60560
630-553-9256, Fax: 630-553-1615
animalcontrol@kendallcountyil.gov

DOG ADOPTION APPLICATION

This application must be fully completed in order to be processed.

Date: _____

Name of Pet Wanted: _____

Name: _____

Address: _____

City: _____ State: _____ Zip : _____ County _____

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

Email Address: _____

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

2. Do you own or rent? _____

a. If renting, provide landlord's

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. Are you, or anyone in your household, prevented by court order from owning, harboring, or having custody or control over an animal? Yes No

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

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

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

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

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

Name	Species/Breed	Inside? Outside? Both?	Age	Sex	Spay/Neuter	Still Own? If not, why?

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

Please list the name and phone number of other veterinarians or vaccine clinics your pets have been to: _____

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

12. How do you plan on training your dog? (i.e. teaching to walk nicely on a leash, not jump up, etc.)

13. 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.