



## Kane County Department of Animal Control

4060 Keslinger Road  
Geneva, Illinois 60134

Phone: 630-232-3555  
Fax: 630-232-3585

Robert B. Saucedo  
Administrator

Jane Davis, DVM  
Deputy Administrator

### Dog Adoption Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Do you: Rent or Own?

Type of dwelling: House/Apartment/Condo/Townhouse/Other

Association/Landlord's name and number: \_\_\_\_\_

Marital Status: ( ) Married ( ) Single ( ) Live with Parents

Number of adults in household: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

#### **Check the answers that best describes you:**

1. I am considering adopting

- ( ) Adult Dog (over 2 years of age)
- ( ) Adolescent (4 months to 2 years of age)
- ( ) Puppy (2-4 months of age)

2. Breed Preference: \_\_\_\_\_

3. I prefer:

- ( ) Male
- ( ) Female
- ( ) Either

4. Why do you want a dog?

- Companionship
- Protection for property and or self (watchdog)
- Breeding
- Gift
- For children
- Always liked dogs and think you would like to own one
- Companion for pet
- Other

5. If a gift, who is it for: \_\_\_\_\_

6. Please check the 3 characteristics in a dog that are most important to you.

- Active
- Intelligent
- Playful
- Good with kids
- Good with cats
- Good with dogs
- Loving
- Independent
- Calm
- Protective
- Aggressive
- Outgoing/Friendly
- Dominant
- Submissive

7. How active are you?

- Not Very
- Moderately
- Very

8. How energetic should the dog be?

- Quiet
- Moderately
- Lively
- Very

9. Is everybody in the household in agreement in adopting a dog?

- Yes
- No

10. What is the age of the youngest child or regular visiting child?

- No children visit
- Under 5 years of age
- 6-11 years of age
- Over 12 years in age

11. Are you willing to educate your children about humane care for pets?

- Yes
- No
- N/A

12. Who will be primarily responsible for providing the following:

Daily Care: \_\_\_\_\_

Training: \_\_\_\_\_

Grooming: \_\_\_\_\_

Vet Care: \_\_\_\_\_

13. Are there any allergies in the family?

Yes

No

If yes to what? \_\_\_\_\_

14. If you move where pets are not allowed, what would you do with the pets?

\_\_\_\_\_

15. Do you have a fenced yard?

Yes

No

17. What type of fence and how high? \_\_\_\_\_

When the gate is closed is the pet completely enclosed?  Yes  No

Can people or children easily open the gate(s)?  Yes  No

18. Will the dog be a:

House dog

Outside dog

19. If an outside dog, where will the dog live?

Yard

Kennel

Patio

Other

20. Is someone home during the day?

Yes

No

21. If no where will the dog stay while you are gone? \_\_\_\_\_

22. How many hours a day will your dog be left alone?

Short periods of time (running errands)

3-6 hours

6-9 hours

9-12 hours

12+ hours

24. What pets have you had in the last 5 years (living and deceased)?

Name	Breed	Age	Sex	Spay/Neuter	Owned how long?	Still Own?	If no, what happened to pet?

23. If the dog is left 9 or more hours a day what arrangements will you make to allow the dog to relieve itself?

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25. What Vet do/did you take your animals to? \_\_\_\_\_

26. How much do you plan to spend per year on caring for this pet (vet care, tags, food, supplies, toys)?

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Are you aware that the cost might be up to but not limited to \$1,580.00 per year? \_\_\_\_\_

27. How do you plan to:

Housebreak \_\_\_\_\_

Contain dog in yard \_\_\_\_\_

28. Do you think you will crate train this animal and what is your definition of crate training?

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29. If he/she was eating or playing with toys and started to growl or snap at you, how would you respond?

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30. If the dog refused to obey a command (i.e. get off the bed) how would you respond? \_\_\_\_\_

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31. What would you do in the event of:

Running loose: \_\_\_\_\_

Barking problems: \_\_\_\_\_

Chewing/destructive behavior: \_\_\_\_\_

Aggressive behavior: \_\_\_\_\_

32. Are you willing to take care of this pet for its entire life (this may entail a commitment for the next 10-18 years)? \_\_\_\_\_

*I certify that the information provided on this application is true and correct. I am also financially able to care for this animal. I understand that proper food and veterinarian care can be costly and I am able to meet these requirements. I authorize Kane County Animal Control to investigate all statements made in this application. I understand that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I further understand that the completion of this application does not guarantee that a dog will be adopted to me.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Do not write below this line\*\*\*

- Applicant must be over 18 years of age.
- The application is complete.
- All animals in the household are current on vaccinations.
- The adopter is not listed on the "Do not adopt to" list.
- Landlord and / or Association approval.
- Applicant does not exceed number of animals for city or county ordinance.
- Any related complaints made against the applicant have been checked.
- All members of the living in the household more than 6 months per year have come to KCAC to meet with the potential adoptee.
- Current pets in the household are compatible with the adoptee.
- The overall fit for the adoptee has been questioned.

Staff initials: \_\_\_\_\_



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### Animal Hold Request

Date hold placed: \_\_\_\_\_ Case#: \_\_\_\_\_

Name of Person(s) Requesting Hold: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Driver's License#: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Name: \_\_\_\_\_

The hold request for this animal will expire on: \_\_\_\_\_ at \_\_\_\_\_ am / pm

[ ] I understand that a \$20.00 **non-refundable** fee is due at the time the hold is placed. If the animal is adopted by me this fee will count toward the adoption payment.

[ ] I understand this animal may only be placed on hold by me once. (Subsequent holds are not available.)

[ ] I understand that once the hold has expired, this animal will automatically be made available for adoption. I further understand that KCAC will not contact me to let me know the animal is being made available for adoption.

Check / Cash: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature of Person Requesting Hold: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_