



St. Francis  
CARE

Date received: \_\_\_\_\_ By: \_\_\_\_\_  
Animal Available? \_\_\_\_\_  
Approved? \_\_\_\_\_ By: \_\_\_\_\_  
Reason for denial: \_\_\_\_\_  
Person notified: phone, email, other \_\_\_\_\_  
Date notified: \_\_\_\_\_ By: \_\_\_\_\_

6228 Country Club Road, Murphysboro, IL 62966 (618)687-2079

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### Application for Adoption

Application Date: \_\_\_\_\_

Pet Applied For: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Names and Relationships of People in Residence: \_\_\_\_\_

Type of Residence: \_\_\_\_\_

Do you Own or Rent? \_\_\_\_\_

Landlords Name and Phone Number: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Is anyone allergic to animals? \_\_\_\_\_

If yes, what type? \_\_\_\_\_

Number of pets currently owned? \_\_\_\_\_

Name, breed and age of each: \_\_\_\_\_

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Are all your pets current on vaccinations? If no, why? \_\_\_\_\_

How many pets have you had in the past 5 years? \_\_\_\_\_

What happened to these pets, if you don't still have them? \_\_\_\_\_

Who will be primarily responsible for these pets? \_\_\_\_\_

What kind of pet are you looking for? Indoor \_\_\_\_\_    Outdoor \_\_\_\_\_    Indoor/Outdoor \_\_\_\_\_

Where will the pet be when you're home? \_\_\_\_\_    Not home? \_\_\_\_\_

When you're sleeping? \_\_\_\_\_

What type of pet are you looking for (circle one)?    Dog    Puppy    Cat    Kitten

Describe the perfect pet for your family: \_\_\_\_\_

Do you believe in hitting an animal? \_\_\_\_\_

If you move, what will you do with your pet? \_\_\_\_\_

For what purpose do you want a pet? \_\_\_\_\_

Will the dog go potty: on a leash \_\_\_\_\_ in a fenced yard \_\_\_\_\_ in a kennel \_\_\_\_\_ on a cable \_\_\_\_\_

If you go away, will you: board the pet \_\_\_\_\_ find a pet sitter \_\_\_\_\_ take with you \_\_\_\_\_

Where have your pets gone for veterinary care? \_\_\_\_\_

Vet's phone number: \_\_\_\_\_ Will you be a new client at this vet? \_\_\_\_\_

If used previously, when was your last visit? \_\_\_\_\_

Do you plan to use flea prevention? \_\_\_\_\_ Heartworm prevention? \_\_\_\_\_

How important is it to spay/neuter your pet? \_\_\_\_\_

Have you ever surrendered an animal to the Humane Society or other animal shelter? \_\_\_\_\_

If yes, describe the circumstances that led to the surrender: \_\_\_\_\_

Are you willing and able to work with your pet regarding behavior problems such as:

House breaking? \_\_\_\_\_ Adapting to a new environment? \_\_\_\_\_ Obedience issues? \_\_\_\_\_

How will you work on or handle these behavior problems? \_\_\_\_\_

Are you prepared to keep this pet for its lifetime? \_\_\_\_\_

Do you agree to notify St. Francis CARE if you are no longer able to keep and care for this pet? \_\_\_\_\_

Read and sign the certification and release clauses below to complete this application:

I CERTIFY THE INFORMATION I HAVE GIVEN IN THIS ADOPTION APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT ST. FRANCIS CARE HAS THE RIGHT TO DENY ANY APPLICATION FOR ADOPTION FOR ANY REASON.

I HEREBY FOREVER RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS AND INDEMNIFY ST. FRANCIS CARE, ITS BOARD OF DIRECTORS, ITS MEMBERS, OFFICERS, AGENTS, AND VOLUNTEERS FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS, OR LIABILITIES OF ANY KIND WHATSOEVER ARISING AS A RESULT OF OR IN CONNECTION WITH ANY ANIMAL I MAY BE ALLOWED TO ADOPT.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_