



DuPage County
ANIMAL SERVICES
 Saving Animals. Serving People.

Small Animal Adoption Application

NAME: _____ DRIVERS LICENSE NUMBER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ WORK OR CELL PHONE: _____

E-MAIL ADDRESS: _____ DATE: _____

How did you hear about us? Website Facebook Friend/Family Other: _____

You must be over 18 years of age to adopt

Thank you for considering adopting a pet from our shelter! Remember that you are making a commitment that will involve several years. We will be happy to escort you through our facility to view the animals. Small animals cannot be viewed outside of their cages until you have been approved for adoption. Adoption fees are non-refundable. The animal must be taken to a veterinarian experienced in exotic medicine within seven days of the adoption for an exam.

PLEASE LIST ANY PETS THAT ARE CURRENTLY IN YOUR HOME:

BREED	NAME	AGE	OWNED HOW LONG?	VETERINARY HOSPITAL	CURRENT ON VACCINES?

PLEASE LIST THE PETS YOU HAVE OWNED IN THE PAST FIVE YEARS:

BREED	NAME	OWNED HOW LONG?	NOT CURRENTLY IN HOME BECAUSE?	VETERINARY HOSPITAL

How many people are currently living in your home? _____

Please list the names and ages of the people living in your home (include last name if it is different from yours):

Do you own or rent your home? _____

If rent, please provide landlord name and number _____

Does anyone in your family have allergies to hay? Yes No

CARING FOR YOUR SMALL ANIMAL:

How and where do you plan to house this small animal? _____

Do you plan to let this animal outside? Yes No

What kind of bedding do you plan on using? _____

What will you do in the event of destructive behavior, for example if the pet uses your furniture as a chew toy or wants to chew electrical cords or carpeting? _____

Do you have an exotic vet you plan on using? Yes No

If no, do you need assistance finding one? Yes No

What kind of exercise do you plan on providing for your small animal? And how many hours per day?

Do you understand the special food this animal needs for a properly balanced diet? Yes No

If no, would you like to review the animal's dietary needs during the interaction? Yes No

By signing below, I certify that I am 18 year of age or older, the information that I have provided is true and that I recognize that any misrepresentation of facts may result in losing the privilege of adopting a pet. I authorize DuPage County Animal Care and Control to investigate all statements made in this application. I also understand that I only have the power of exchange within 14 days if the animal is found to have a life-threatening medical problem by my veterinarian.

SIGNATURE: _____ **DATE:** _____

Once complete, please save and email to: animalservices@dupageco.org

Staff Notes:

I have interacted with (staff only):

Animals Name: _____ Date of interaction: _____

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