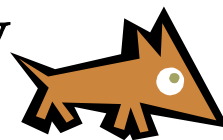


# The Anti-Cruelty Society

## Bully Buddy



### Adoption Application

Please note that in order to be considered for an adoption today you must: 1) Be 21 years of age, 2) Have the knowledge and consent of all adults living in your household, 3) Have a valid ID showing that you are a Chicago-Area Resident 4) Have the landlord's name and phone number (or lease) and, 5) Understand that The Anti-Cruelty Society must approve your application.

#### SECTION I

Date: \_\_\_/\_\_\_/\_\_\_ Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

**DO YOU:** Attend School \_\_\_ Work \_\_\_ Employer \_\_\_\_\_

**DO YOU LIVE IN A:** House \_\_\_ Apartment \_\_\_ Condo \_\_\_ Dorm \_\_\_ With Parents \_\_\_

**I OWN \_\_\_ I RENT \_\_\_** Landlord's name \_\_\_\_\_

Landlord's address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

#### SECTION II

1. Please provide the following information about your household:

Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_ Ages of children \_\_\_\_\_

2. Which member of your family will hold primary responsibility for the:

Feeding of your new pet? \_\_\_\_\_ Training? \_\_\_\_\_

3. Please tell us why you would like to adopt an animal from us. (Check all that apply):

companion \_\_\_ gift \_\_\_ to breed \_\_\_ as a watchdog \_\_\_ for a child \_\_\_

companion for another pet \_\_\_

4. What type(s) of pets do you own or have you owned in the past five (5) years?

Pet's Name	Type/Breed	Kept Where?	Current Age	Altered?	Sex	Still have?
				Yes No	M F	Yes No
				Yes No	M F	Yes No
				Yes No	M F	Yes No
				Yes No	M F	Yes No
				Yes No	M F	Yes No

5. If you have pets now or had them in the past, who is (was) your veterinarian? \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

6. What inoculations has your pet had in the past year? \_\_\_\_\_

7. When was your pet's last visit to a veterinarian? \_\_\_\_\_

8. If you move in the future, what will you do with your pet(s)? \_\_\_\_\_

\_\_\_\_\_

9. How much do you anticipate on spending yearly to feed, vaccinate, license, and provide medical care for your new pet? \$ \_\_\_\_\_
10. Do you plan to spay or neuter your pet? yes \_\_\_ no \_\_\_
11. Do any members of your household have allergies? yes \_\_\_ no \_\_\_ If yes, what types? \_\_\_\_\_  
 \_\_\_\_\_
12. What times would be convenient for a representative of the Society to come to your home to check on the animal's well-being? \_\_\_\_\_

**SECTION III**

1. Do you have a fenced yard? yes \_\_\_ no \_\_\_ If yes, please describe the height and type. \_\_\_\_\_
2. How many times a day do you plan to take your dog outside? \_\_\_\_\_
3. If adopting a puppy, how do you plan to housebreak? \_\_\_\_\_
4. How do you plan to prevent/correct behavioral problems such as:  
 Barking \_\_\_\_\_  
 Fence jumping \_\_\_\_\_  
 Chewing \_\_\_\_\_  
 Digging \_\_\_\_\_  
 Aggressive behavior \_\_\_\_\_
5. Do you plan to take your dog to training classes? yes \_\_\_ no \_\_\_ If yes, what type? \_\_\_\_\_  
 \_\_\_\_\_ (Ask about our low-cost training class!)
6. This pet will be alone (without human companionship) for about \_\_\_ hours a day \_\_\_ days a week.
7. Where will the dog be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_
8. Where will the dog be kept when left alone? \_\_\_\_\_
9. What type of identification do you plan to place on your dog? \_\_\_\_\_
10. Do you plan to let you pet have puppies? yes \_\_\_ no \_\_\_ If yes, why? \_\_\_\_\_
11. It may take your pet two weeks or longer if other pets are involved, to adjust to its new home. Are you prepared to allow this much time to adjust? yes \_\_\_ no \_\_\_
12. How did you learn about The Anti-Cruelty Society? \_\_\_\_\_

**SECTION IV**

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that The Anti-Cruelty Society has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I understand that this application is the property of The Anti-Cruelty Society.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**FOR STAFF USE, PLEASE DO NOT WRITE IN THIS SPACE**

Tab band # \_\_\_\_\_ Age \_\_\_\_\_ Room \_\_\_\_\_ Attendant \_\_\_\_\_ Service # \_\_\_\_\_  
 Screener/TSR attached \_\_\_\_\_ Manager \_\_\_\_\_ A  P  D   
 Counselor \_\_\_\_\_ Additional comments \_\_\_\_\_