



## Marion Animal Control Adoption Form

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_

Address (Physical and P.O. if applicable) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Thank you for considering the adoption of an animal in need! Before you decide to adopt a pet, please consider the time, effort and funds necessary to properly care for an animal. Responsible pet ownership requires a commitment to provide care and companionship for the life of the animal. The decision to adopt a pet is an important one. In order to ensure that you and your pet will be happy for years to come, we need to take time to discuss your and the animal's individual needs and personality traits. Please take a few moments to carefully read and complete this application. Please note there are no wrong answers. This is to ensure that the pet you are interested in is a good fit for you and your home.**

1) Name of the Pet you are interested in (if applicable) \_\_\_\_\_

2) Do you currently live in a:    House    Apartment    Mobile Home    Other \_\_\_\_\_

3) Do you Currently:    Own    Rent/Lease    Contract for Deed     Other \_\_\_\_\_

4) How long have you lived at your current residence? \_\_\_\_\_

    If less than 1 year, what was your previous address: \_\_\_\_\_

**If you are not the property owner, Marion Animal Control may verify your residences current pet policy.**

Landlord's Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

5) How many adults live in your home? \_\_\_\_\_ How many children? \_\_\_\_\_ Ages \_\_\_\_\_

6) Does anyone in your household have pet allergies?    Yes    No

7) Who will be primarily responsible for the care of this pet? \_\_\_\_\_

8) Is this pet a gift?    Yes    No    If Yes, for whom? Age? \_\_\_\_\_

9) Which of the following best describes your reasons for wanting this Pet? (Check all that apply)

Companion    Therapeutic    Pet Playmate    Breeding    Mouser

10) How many hours will the pet be alone each day? \_\_\_\_\_

11) Where will the pet be kept when no one is home? \_\_\_\_\_

12) Where will the pet be kept at night? \_\_\_\_\_

13) Do you have a fenced in yard?    Yes    No

    How will you keep the pet contained on your property? \_\_\_\_\_

14) The noise/activity level in my home is usually:     High    Medium    Low

15) I would prefer a pet with less brushing and grooming maintenance?    True    False

16) Have you ever adopted from Marion Animal Control or any other animal shelter before now?    Yes    No

    If yes please list location, date and what pet you adopted? \_\_\_\_\_

17) Have you ever surrendered an animal before?    Yes    No

If yes, explain Where and Why \_\_\_\_\_

18) How many other pets do you have in or at your home? \_\_\_\_\_

19) Are all the animals in or at your home up to date on vaccinations?  Yes  No

20) Are all the animals in or at your home spayed and/or neutered (if applicable)?  Yes  No

21) Do you have a regular veterinarian?  Yes  No Name \_\_\_\_\_ Phone \_\_\_\_\_

22) Please list all the pets you have had in the last 5 years including current pets and those you no longer own:

Species	Breed	Age	Sex	Altered	Owned how long?	What happened to him/her?

23) List the name of all the adults, 18 or older, who reside in your home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**City of Marion Animal Control Ordinances, Title 6 Chapter 4 can be found through the City Website online at : [https://codelibrary.amlegal.com/codes/marionil/latest/marion\\_il/0-0-0-2825](https://codelibrary.amlegal.com/codes/marionil/latest/marion_il/0-0-0-2825)**  
City of Marion Website: <https://cityofmarionil.gov>

24) Have you reviewed the Marion Animal Control Ordinances, any other applicable animal control laws, understand your responsibilities and agree to follow them?  Yes  No

25) Please list a reference of someone who lives outside your home:

Name \_\_\_\_\_ Phone \_\_\_\_\_ City/State \_\_\_\_\_

**THE CITY OF MARION, ACTING IN THE BEST INTEREST OF THE ANIMAL, HAS THE RIGHT TO REFUSE YOUR APPLICATION FOR ADOPTION.** If you wish to appeal the denial of your adoption application you must submit your notice of appeal to the Office of the Mayor, c/o City Attorney at 1102 Tower Square Plaza, Marion IL. 62959. The Notice must be received within 10 calendar days of the date of your denial and must state in writing all the reasons that form the basis of your appeal. All Applications will be kept for up to one (1) year.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

\*\*\*For Office Use Only\*\*\*

Checked Reference(s): Y/N \_\_\_\_\_ Staff initials \_\_\_\_\_

Checked Landlord/Pet Policies: Y/N \_\_\_\_\_ Staff Initials \_\_\_\_\_

Checked Vet Reference Y/N: \_\_\_\_\_ Staff Initials \_\_\_\_\_

**APPROVED:**  Staff Initials \_\_\_\_\_ **DENIED:**  Staff Initials \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_