

**Mandy's Whine and Bark - Adoption Application**

**217-742-7929**

Office Use Only:

Date: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_  
 Pet: \_\_\_\_\_  
 Pet: \_\_\_\_\_  
 Fee: \_\_\_\_\_

Deposit Amt: \_\_\_\_\_  
 Date Paid: \_\_\_\_\_  
 Pick-up Date: \_\_\_\_\_  
 Pick-up Time: \_\_\_\_\_  
 Who is Meeting: \_\_\_\_\_

**Home Life**

Adopter's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

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

Names and Ages of other people living in the home:

Name 1: \_\_\_\_\_ Age 1: \_\_\_\_\_

Name 2: \_\_\_\_\_ Age 2: \_\_\_\_\_

Name 3: \_\_\_\_\_ Age 3: \_\_\_\_\_

Name 4: \_\_\_\_\_ Age 4: \_\_\_\_\_

Do you rent or own your home? Rent  Own  Landlord Name and Phone Number (if applicable) \_\_\_\_\_

Comments: (office use only)

Employer Information: \_\_\_\_\_ Position: \_\_\_\_\_ How long: \_\_\_\_\_

Employer Information: \_\_\_\_\_ Position: \_\_\_\_\_ How long: \_\_\_\_\_

**Current and Past Pet Information**

Pet Name(s)	Breed	Age:	Current or Past Pet		UTD Vaccines		Spayed/ Neutered?		Inside/ Outside		When did you own? How long ago? Disposition of current animals.
			C	P	Yes	No	Yes	No	In	Out	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Vet Life**

Vet #1 Info: \_\_\_\_\_ Phone: \_\_\_\_\_

Vet #2 Info: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: (office use only)

**Adoptable Pet Selection**

Name of animal you want to adopt: \_\_\_\_\_

Name of alternate adoptable animal: \_\_\_\_\_

Where will this pet be kept:		Do you have a fenced yard?		If so, what type of fence?	If no, how will pet potty needs/exercise be handled?
In <input type="checkbox"/>	Out <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

**References**

*Please list three personal references. (Only ONE can be a relative)*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ How long have you known this person: \_\_\_\_\_

Comments: (office use only)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ How long have you known this person: \_\_\_\_\_

Comments: (office use only)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ How long have you known this person: \_\_\_\_\_

Comments: (office use only)

Alternate Reference: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ How long have you known this person: \_\_\_\_\_

Comments: (office use only)

Interview Notes or Additional Information: (office use only)      Facebook       Shelter Manager       PetFinder

Approved       Denied       Reason: \_\_\_\_\_