



P.O. Box 145 Monmouth, IL 61462
Phone:309-715-7109 Fax:309-715-7169 Website: www.wiarrescue.com

Adoption Fees

Cats: \$55.00 Kittens <6 mo \$75.00
Dogs: \$175.00 Puppies: <6 mo. \$200.00

Adoption Application

The purpose of this application is simple; we care deeply for the animals under our supervision. It is our responsibility to find permanent, loving homes for these animals. We do have adoption guidelines and we reserve the right to deny any adoption we feel unsuitable.

Animal Name and Number: _____
Name: _____ Date: _____

Spouse / Other Adults in Household _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Email Address: _____

Place of Employment: _____

Business Phone: _____

Driver's License Number & State: _____

HOUSEHOLD INFORMATION

1. Do you live in a: House ____ Apartment ____ Condo ____ Mobile Home ____

Live with relatives _____

2. Do you: Rent ____ Own ____

3. Renters: Are pets allowed? _____

Landlords Name: _____

Phone: _____

4. Do you have a fenced-in yard? _____ How tall is the fence? _____

What type offence? (chain link, privacy, barbed wire...?)

5. Children? _____ Ages? _____

PET INFORMATION

1. Number of pets currently in household: dogs _____ cats _____

If you have other animals are they spayed/neutered? _____

- Are other pets current on vaccinations? _____
2. Have you had other pets in the last 5 years? _____
 What happened to them?

3. Where will this pet spend the majority of its time? Inside _____ Outside _____
 Both _____
4. Why do you wish to adopt this animal? Watchdog _____ Companion Animal _____
 Hunting dog _____ Companion for other pets _____ For children _____
5. Where will this animal spend most of its time when you are home?

6. Where will this pet spend most of its time when you are away from home?

7. It may take your pet a month or longer to adjust to a new home. Are you willing to allow this much time for adjustment? _____
8. If needed are you willing to crate train? _____
9. Do you agree to return the pet to WIAR if you can no longer keep it? _____

VETERINARIAN INFORMATION

1. Name of Current Veterinarian _____

If you don't have a current veterinarian, name of past vet: _____

Address _____ Phone _____

2. Do you give us permission to call the vet's office to check to see if other pet's vaccinations are current? _____

By signing below, I certify that the information provided on this application is true and I recognize that any misrepresentation of facts may result in losing adoption privileges. I authorize investigation of all statements in this application and understand that veterinarians, landlords, other humane agencies, etc. may be contacted. I further understand that the adoption of this animal may be delayed until this information can be verified. If, at any time, a representative from Western Illinois Animal Rescue and/or local authorities determine the animal is being neglected or abused, this adoption will be void and ownership will revert back to Western Illinois Animal Rescue.

Applicant Signature: _____

Date _____

Western Illinois Animal Rescue, Inc. (NFP)

We congratulate you on the new addition to your family! We have high hopes that your adoption will be successful and you share many happy years together.

Terms of Agreement

1. Adoption fees include neutering at 6 months of age, Microchipping, Rabies vaccination by 4 months of age and at least the first worming, Distemper vaccination for cats and Distemper-Parvo for dogs. If pet is not already altered, I agree to have the pet altered by _____. Neutering is mandatory and required to help prevent the over-population and useless deaths of unwanted animals.
2. You have 7 days to return your pet for a partial refund if adoption is unsuccessful.
3. I agree to keep an identification tag attached to a properly fitted collar, which will always remain on the adopted animal.
4. I agree to keep all dogs within a fenced-in area or on a leash at all times.
5. I will keep the animal licensed as required by the local authorities.
6. I will keep the adopted pet current with necessary vaccinations and follow heartworm prevention, as recommended by my veterinarian.
7. I agree to let any board member of WIAR do a home wellness check, at any time, for up to 6 months from the date of adoption.
8. If, for any reason, I cannot keep the adopted pet, I agree to notify WIAR of the availability of the pet and return the adopted pet upon request. Contact: WIAR 309-299-3840.
9. I understand that any failure to perform the foregoing agreement will constitute a breach of contract. In the event of such breach of contract, I authorize WIAR to reclaim both possession and ownership of the adopted pet.
10. I understand that the pet covered by this agreement, is as far as can be determined by WIAR, in good health and WIAR is not responsible for any medical fees incurred after the adoption date.
11. I understand the pet (cat) cannot be declawed for 3 weeks after obtaining the pet.

Name: _____

Address: _____ City: _____

State: _____

Phone: _____

e-mail Address:

Signature: _____ Date: _____

WIAR Pet name and I.D. Number

WIAR copy.

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Address: _____ City: _____

State: _____

Phone: _____

e-mail Address: _____

Signature: _____ Date: _____

WIAR Pet name and I.D. Number

Adopter's Copy