



_____entered

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

Adoption Fees

Cats: \$55.00 Kittens <7 mo. \$75.00
Dogs: \$175.00 Puppies: <7 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.

You must be 18 years of age to adopt.

Animal Name and Number: _____

If animal is no longer available are you interested in another? _____

Name: _____ Date: _____

Spouse / Other Adults in Household _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone/Cell: _____ Work: _____

Email Address: _____

Place of Employment: _____

Business Phone: _____

Are you over 18? (circle one) Yes No

HOUSEHOLD INFORMATION

1. Do you live in a: House ____ Apartment ____ Condo ____ Mobile Home ____
Live with relatives ____ If Yes: Name/Phone Number _____

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 _____

2. Current Pets Names _____

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? (if euthanized why? Age, health problems or behavioral) Explain _____

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 _____

2. Secondary Vet if you have more than one _____

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

Name/Names that Current Pets would be listed under at Vet _____

Address _____ Phone _____

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

Personal Reference (if you do not have any current or past animals to list)

Name/Phone Number _____

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 4-6 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 Pets are under 6 months old at time of adoption they will be up to date on their distemper if kitten and distemper Parvo if puppy however they might need 1-2 booster shots at the cost of the adopter at the vet of your choosing. 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 309-715-7109.
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.
12. I agree to keep cats/kittens indoors or on a leash
13. If pet is lost please contact us
14. I agree to keep microchip information updated if I move or change phone number.

Name: _____

Address: _____ City: _____ State: _____

Phone: _____

e-mail Address: _____

Signature: _____ Date: _____

WIAR Pet name and I.D. Number _____

WIAR copy.

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Name: _____

Address: _____ City: _____ State: _____

Phone: _____

e-mail Address: _____

Signature: _____ Date: _____

WIAR Pet name and I.D. Number _____

Adopter's Copy