



Applicant / Co-Applicant Information

Animal's Name: _____ Type of Animal: _____

Applicant's First Name: _____ Last Name: _____ Date of Birth: _____

Co-applicant's First Name: _____ Last Name: _____ Date of Birth: _____

Street address: _____

City/State/Zip: _____ State: _____ Zip: _____

Main Phone #: _____ 2nd Phone #: _____ 3rd Phone #: _____

E-mail: _____

How long have you lived at this address? _____ Do you own? _____ Rent**? _____

*Landlord / Condo Board Contact Info:

Do you have Homeowner's or Renter's Insurance? _____ Yes _____ No

Name: _____ Email: _____ Phone #: _____

Do you plan to move in the near future? _____ Yes* _____ No

*If yes, what do you plan to do with your pet(s)? _____

How were you referred to Chicago Pet Rescue? _____

Family/Household Information

Number of adults in the household: _____ Relationships: _____

Have all the adults in the household agreed to adopt this animal? _____ Yes _____ No

Please continue on to page 2



Number of children in the household: _____ Ages of children: _____

Have the children had pets before? ____ Yes ____ No

Is anyone in the household allergic to pets? ____ Yes* ____ No

*Who is allergic? _____

Current Pet Information

Have you had pets in the past or do you currently have pets? Please tell us about them.

Have you had or currently have a pet(s)? ____ Yes* ____ No

***If yes, Vet Information is required.**

Name	Age	Gender (M/F)	Altered? (Y/N)	Where are they now?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever given an animal away or relinquished an animal to a shelter? ____ Yes ____ No

*If yes, what were the circumstances? _____

Veterinarian Information

Do you currently have a Veterinarian*? ____ Yes* ____ No

***If yes, Vet Information is required.**

Veterinarian's Name: _____ Phone #: _____

When was your current pet's last visit to a veterinarian and why? _____

Please continue on to page 3

New Pet Information

Why are you interested in adopting? _____

How long have you been looking for a new pet? _____

Would this be your first pet? _____ Yes _____ No

Who in the household will be the primary care giver for the adopted animal? _____

Where will the adopted animal be kept during the day? _____

During the night? _____

How many hours per day will the adopted animal be left alone? _____

How do you plan to deal with house training your adopted pet? _____

What would you do if your adopted pet develops a problem with:

Digging: _____

Barking: _____

Chewing: _____

Aggression: _____

Marking: _____

Why do you want to Adopt this pet at this time? _____

Please continue on to page 4

Animal Care Experience

What are possible scenarios that would cause you to give up a pet? Please describe:

Please describe what behaviors you are NOT willing to work with:

Applicant Signature

Date

By submitting this application, I certify that the information I have given is true. I understand that Chicago Pet Rescue reserves the right to deny my application for any reason. I further authorize the investigation of all statements in this application. Thank you for your application, Chicago Pet Rescue

Please return by email to followup@chicagopetrescue.org or bring this application to one of our adoption events.

Staff Use Only	
___ Landlord Approval	___ Vet Reference Checked
___ Application Approved	___ Application Denied
CPR Staff Signature:	Date: