Milwaukee Area Domestic Animal Control Commission

3839 W. Burnham Street, West Milwaukee, WI 53215

Ph: 414-649-8640 fax: 414-763-6234 www.madacc.org

Adoption Application

1st Choice ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Choice ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone ( ) Work Phone ( ) Cell Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide names/ages of additional household residents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently Own Rent Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How long at current address? \_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord/Management Co.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear of MADACC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied to adopt from MADACC before?  Yes  No

Have you adopted from another shelter or rescue?  Yes  No If yes, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all companion animals currently living in your home and those that have lived in your home over the last 5 years:

Name Type/Breed Age Animal Hospital(s) Used How long with you?/Status

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Please indicate which topics you would most like to review with your Adoption Counselor:

Introducing your new dog/cat to current pets  Feeding/Diet

Where to keep dog/cat at night or when you are not home  Pet Care Costs

Housetraining/Litterbox Training  Appropriate Vet Care

Puppy/Dog/Cat/Kitten proofing your home  Common medical issues

Choosing dog walkers, boarding, daycare facilities  Training, enrichment, exercise

Living with children and dogs  What to do if your pet is lost

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Declawing a cat

*By signing below, I certify that the information I have given is true and correct, and I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that MADACC has the right to deny my request to adopt an animal. I authorize investigation of all statements in this application, including veterinarian records, landlord and other humane societies. I do understand that this information could be made available to other humane societies. I agree to release MADACC from any liability for damage or injury caused by animals in their care during the adoption process. This form will become the property of the MADACC. MADACC reserves the right to refuse any adoption for any reason.*

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

# Date Received:\_\_\_\_\_\_\_\_\_\_\_ Applicant ID Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Adoption Counselor\_\_\_\_\_\_\_\_\_\_\_

**Property Verification:\_\_\_\_\_\_\_\_\_\_\_ Vet Check:\_\_\_\_\_\_\_\_\_\_\_\_ Family Members Met:\_\_\_\_\_\_\_\_ Dog to Dog:\_\_\_\_\_\_\_\_**

**MADACC ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact for Microchip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved**  **Not a match at this time**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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