



# ADOPTION INFORMATION

www.apl-shelter.org  
1001 Taintor Road  
Springfield, IL 62702  
217-544-7387



Thank you for your interest in adopting your next pet from the Animal Protective League. Before the animals are placed for adoption they receive an extensive amount of medical care. Our adoption fee covers a small portion of the amount invested into each animal. Below you will find the vaccinations that are given and medical procedures that have been performed prior to adoption. Keep in mind that some puppies and kittens may not have received all boosters because of their age. It will be your responsibility to furnish the necessary booster.

**Several applications may be taken on an animal. This survey is to determine if the proposed adoption is in the best interest of both the pet and your family.**

*Rose Rebbe*  
*Executive Director*

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## ADOPTION RATES

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**Cats/Kittens \$50.00**

**2 adopted as a pair \$65.00**

Tested for: Feline Leukemia  
FIV (Feline Immunodeficiency Virus)

Vaccinations: Rabies (1 year) (at 4 months)  
Feline Viral Rhinotracheitis  
Calicivirus  
Panleukopenia  
Chlamydia

Treatments: Worms  
Fleas and Ticks

Spayed or Neutered

Microchipped (transfer fee \$14.99)

**Dogs \$99.00\***

**Puppies under 4 months \$90.00**

Tested for: Heartworms (at 6 months)

Vaccinations: Rabies (1 year)  
Canine Distemper  
Adenovirus Type 2  
Parainfluenza  
Parvovirus  
Coronavirus (puppies only)  
Bordetella

Treatments: Heartworm Preventative  
Worms  
Fleas and Ticks

Spayed or Neutered

Microchipped (transfer fee \$14.99)

\*Rabies Registration for Sangamon County (\$9 fee is collected on all dogs vaccinated for rabies. This fee is turned over to Sangamon County and the dog will be registered in your name.)

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Things you should consider before adopting a pet:

- Some pets can live 15 years or more. Are you prepared to care for a pet that long?
- Cats should be kept indoors and dogs well contained. Are you able to ensure the safety of this pet?
- Animals can get sick just as humans do. Are you prepared to take on the financial responsibility of owning an animal?
- Your new pet may take as long as several months to adjust to his or her new home. Are you prepared and patient enough to allow for this adjustment period?
- If you do not keep your current animals vaccinated regularly, are you aware that you could be exposing them to illnesses and they could become sick?

APL can help with behavior and training tips. Please ask for tips sheets on over 30 different training and behavior problems such as: introducing your new dog/cat to other household pets, crate training, nail trimming, litter box problems, etc.



# ADOPTION SURVEY

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PLEASE PRINT YOUR RESPONSES CLEARLY.

Name of Animal \_\_\_\_\_  Dog  Cat      Date of Survey \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email Address (please **PRINT CLEARLY**) \_\_\_\_\_

Driver's License Number \_\_\_\_\_

This survey is to determine if the proposed adoption is in the best interest of both the pet and your family.  
Please answer the following questions:

1. Will this pet reside at this address?  Yes  No
2. Is this pet a gift for someone?  Yes  No If so, who? \_\_\_\_\_
3. Do you live in:  House  Apartment  Mobile Home Other \_\_\_\_\_
4. Do you:  Own  Rent  Live with parents  
Landlord/Parent name: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Number of adults in the household: \_\_\_\_\_  
Number of children in household and ages of each: \_\_\_\_\_
6. Does everyone in your household agree to adopting this pet?  Yes  No
7. Does anyone in your household have allergies to animals?  Yes  No
8. Have you applied for or adopted a pet from APL before?  Yes  No  
If yes, where is this pet now? \_\_\_\_\_

9. Is this your first pet?  Yes  No

If no, please list CURRENT PETS and PETS OWNED IN THE RECENT PAST:

Name	Dog or Cat	Age	Male/Female	Spayed/Neutered	Vaccines current	Breed	Where is the animal now
	Dog / Cat		M / F	Yes / No	Yes / No		
	Dog / Cat		M / F	Yes / No	Yes / No		
	Dog / Cat		M / F	Yes / No	Yes / No		
	Dog / Cat		M / F	Yes / No	Yes / No		
	Dog / Cat		M / F	Yes / No	Yes / No		
	Dog / Cat		M / F	Yes / No	Yes / No		

10. Who is your veterinarian? \_\_\_\_\_ Name of practice: \_\_\_\_\_

Phone number: \_\_\_\_\_

11. How many hours a day will this pet be left alone on a regular basis? \_\_\_\_\_

12. Where will your pet be kept during the day? \_\_\_\_\_ Evening? \_\_\_\_\_

13. Where will your pet sleep at night? \_\_\_\_\_

14. Do you have a completely fenced-in yard?  Yes  No Height and type of fence\*: \_\_\_\_\_

\*This will help us advise you about how the specific dog you are considering may react to your fence.

15. What brand of food do you feed your pets? \_\_\_\_\_

For survey purposes, have you ever fed your pets Science Diet?  Always  Sometimes  Never

16. Do you agree to return this pet to APL if you can no longer keep it?  Yes  No

You must be at least 18 years old in order to adopt from APL.  
You must have one form of ID with proof of identity and current address.

I certify that all information provided on this survey is true and that false information may result in nullifying this adoption.  
I also give permission to APL to verify with my veterinarian that vaccinations are current.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date