

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

Animal ID# _____

I am interested in adopting a Dog Cat

Application Accepted
 by: _____

First name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Please provide names/ages of additional household residents: _____

Do you currently Own Rent Live w/ parents 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

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

- | | |
|--|---|
| <input type="checkbox"/> Introducing your new dog/cat to current pets | <input type="checkbox"/> Feeding/Diet |
| <input type="checkbox"/> Where to keep dog/cat at night or when you are not home | <input type="checkbox"/> Pet Care Costs |
| <input type="checkbox"/> Housetraining/Litterbox Training | <input type="checkbox"/> Appropriate Vet Care |
| <input type="checkbox"/> Puppy/Dog/Cat/Kitten proofing your home | <input type="checkbox"/> Common medical issues |
| <input type="checkbox"/> Choosing dog walkers, boarding, daycare facilities | <input type="checkbox"/> Training, enrichment, exercise |
| <input type="checkbox"/> Living with children and dogs | <input type="checkbox"/> What to do if your pet is lost |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Not a match at this time <input type="checkbox"/> Other: _____		
Notes: _____		

