

Milwaukee Area Domestic Animal Control Commission

3839 W. Burnham Street, West Milwaukee, WI 53215  
 Ph: 414-649-8640 fax: 414-763-6234 email: adopt@madacc.org

Animal ID# \_\_\_\_\_

I am interested in adopting a  Dog  Cat

Application Accepted  
 by: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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/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 \_\_\_\_\_

<b>For Office Use Only</b>		
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: _____		
_____		
_____		