

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

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:

- | | |
|--|---|
| ☐ 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: _____
