Adoption Application

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

Applicant ID#_____

Animal ID#_____

I am interested in adopting a ☐ Dog ☐ Cat

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:

☐ Introducing your new dog/cat to current pets
☐ Where to keep dog/cat at night or when you are not home
☐ Housetraining/Litterbox Training
☐ Puppy/Dog/Cat/Kitten proofing your home
☐ Choosing dog walkers, boarding, daycare facilities
☐ Living with children and dogs
☐ Other _____
☐ Feeding/Diet
☐ Pet Care Costs
☐ Appropriate Vet Care
☐ Common medical issues
☐ Training, enrichment, exercise
☐ What to do if your pet is lost
☐ 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:_____
_____
_____