



P.O. Box 1019
 Peotone, IL 60401
office@illinoishorserescue.org
 illinoishorserescue.org

Office Use Only
Date Received:
Name of Animal:
\$ Amt:
Received By:

ANIMAL/ PET ADOPTION APPLICATION

There is a \$5.00 - \$35.00 application fee (fees are determined by Each animal's application process). Illinois Horse Rescue of Will County is a 501 (c)(3) nonprofit organization and cannot give refunds. All contributions are fully tax deductible to the extent allowed by law.

Applicant Information:

All Applicants must be over the age of 18.

Name (First, Middle, Last)	
Address	
City, State, Zip Code, County	
Cell Number	Email Address
Birth Date Month _____ Day _____ Year _____	Driver's License #

Do you: ☐ Own ☐ Rent

Is your residence a: ☐ House ☐ Apartment ☐ Condo/townhouse ☐ Mobile home ☐ Dormitory

Landlord/Apt Manager Name & Phone Number: _____

How long have you lived at the address above?
Do you or anyone in your household have allergies?
What's your reason for getting a new pet?
How many animal(s) do you currently have?
Are all current animal(s) spayed or neutered?
In the past 5 years have you given away or sold any animals?
In the past 5 years have you had any animal(s) pass away in your care? Please Explain.

Rescues of Interest: Please list the names of the animal(s) that you are interested in adopting.

1. _____ 2. _____ 3. _____

I also understand that if I adopt an animal from IHRWC I will be subject to follow up visits in accordance with the animal follow up Policy. I also understand that in accordance with the Adoption Policy, I may never sell, give away, lease out, send to slaughter, etc. the animal I adopt. I am aware that I may never use the animal for breeding purposes. I also agree IHRWC is not liable in the event of injury, death or damage to any human, animal or property as a result of activities or actions of the animal I adopt.

I further accept all responsibility for any action or lien resulting from any action, directly or indirectly involving said animal(s) while it is in my care. Therefore, I agree and understand that neither Illinois Horse Rescue of Will County nor its employees or agents will be liable for any damages or injury caused to me or any third person by the animal(s) once I receive delivery of it, including but not limited to damages or injuries caused by the fact the animal(s) do not behave or perform in the manner I expected. Further, if any third person makes a claim against Illinois Horse Rescue of Will County, or any of its employees or agents as a result of any conduct of the animal(s) in my possession, I agree to indemnify and hold Illinois Horse Rescue of Will County its employees and agents harmless from any such claim, including costs and attorney fees resulting in such a claim.

RELINQUISH

In the event that you feel you do not want the animal you have adopted from IHRWC anymore we ask that you return the animal, fill out an animal relinquish form (so that we may update the animal's records) and **pay the relinquish fee.**

* Please Sign that an IHRWC representative has gone over the Adoption Policy and Procedures with you and you have read, understand and agree to the Adoption Agreement, Policy and Procedures.

X _____ Date: _____

By signing this application, I am stating that all information provided is true and I understand that there may be consequences to providing faulty information, the information provided in this application may be used to request background check, including criminal records to verify personal information.

Applicant's Name (Printed)	Date
Applicant's Signature (Application is VOID without signature)	

Please Note:

A complete Application includes this Application, and a \$5.00 - \$35.00 non -refundable application fee. If any of these are missing our staff will not be able to complete the Approval Process. Please make sure you have all documentation when submitting your Application.

Thank You.

You may return this application to:
Illinois Horse Rescue of Will County
P.O. Box 1019
Peotone, IL 60468