

Assisi Animal Foundation
P.O. Box 143 Crystal Lake, IL 60039
Phone: 815-455-9411
Fax: 815-455-9417

Name of Animal: _____

Adopter Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Home Phone: _____ Work: _____

Cell: _____

Employer: _____

Address: _____

City/State/Zip: _____

Supervisor's Name: _____

Previous Employer: _____

Address: _____

City/State/Zip: _____

Supervisor's Name: _____

Do you rent _____ Or own your home _____

If you rent a copy of your lease, allowing pets is needed. Do you have one to provide? _____

Name of Veterinarian: _____

Name of Practice: _____

Address: _____

Phone # Of Vet's office: _____

Date Vet was last seen: _____

Do you own any pets now? _____

How many/Species: _____

How long have you lived at the address above?: _____

Do you or anyone in your family have pet allergies? _____

Is this your first pet? _____

What was your last pet?: Cat ___ Dog ___ Other: _____

Outcome of animal: _____

Is smoking or vaping allowed inside the home? _____

Have you ever had to rehome or relinquish an animal before? _____

If so why? _____

The Assisi Animal Foundation has the right to accept or deny any application. AAF can provide an explanation at the organization's discretion. Initial Here: _____