

Application Approved Application Denied

### DOG ADOPTION APPLICATION

## PLEASE COMPLETE ALL FIELDS ON THE APPLICATION

Date:	Name of the pet you are interested in adopting:			
APPLICANT INFORMATION				
First Name:	Middle Initial:	Last Name:		
Current Address:				
City:	State:	Zip:		
Phone (land line, if any):	Phone (cell phone, if any):			
E-mail:		Years at this address:		
Do you live with  your parents or  with	th roommates? A	re you 21 years of age or older?		
If less than 5 years at current address, pr	revious addresses over <sub>l</sub>	past 5 years:		
Address:		Years at this address:		
City:	State:	Zip:		
Address:		Years at this address:		
City:	State:	Zip:		
Employment				
Employment				
Name of employer:				
City:		tate: Phone:		
Hours of work schedule:	H	ow long employed?		
HOUSEHOLD/HOUSING				
Number of other adults in your household	I: Their name	es:		
	н	ave all adults agreed to this adoption?		
Ages of children in the household (if any)	:	Have the children had pets before?		
Is anyone in the household allergic to pet	s? 🗌 Yes 🗌 No	If so, what kind?		
Do you own or rent?				
Type of dwelling:  House Apartm	nent 🗌 Mobile Home	Condo/Townhouse Duplex/Triplex		
If renting, name of landlord or condo asso	ociation:	Phone:		

# PET INFORMATION

Your current pets

Name	Species/Breed	Age	Gender	Spayed/Neutered?	Had how long?	Up-to-date on shots?
If you have a cat	Does it get alon	g with dogs? 🗌 Ye	s 🗌 No Isito	leclawed?   Yes	🗌 No	
lf you have a dog	g: Does it get alor	ng with other dogs?	? 🗌 Yes 🗌 No	Is it an indoor or o	utdoor dog? 🗌 Ind	door   Outdoor
Are there any pe	ts in the household	l that do not belong t	o you? If yes, ple	ease describe:		
Pets owned over	the past 10 years					
Name	Species/Breed	Spayed/Neutered?	Owned how long?	What happened to this pet?	How long ago?	Vet you used?

## Your new adopted pet

What are you looking for in your new adopted dog?				
Where will your dog spend most of his/her time?				
When outside, how will the dog be confined? 🗌 Chain link fence 🗌 Privacy fence 🗌 Invisible fence 🗌 Dog run 🗌 Tie out				
When nobody is home, where will your dog spend his/her time? In the house, loose In the house, confined to one room In the house, in a crate In the yard In the garage About how many hours per day would your dog be alone?				
What best describes the primary caregiver? (check all that apply)				
In the absence of the caregiver, who will care for your dog?				
Please describe the activity level at your home:				
<ul> <li>☐ Busy (visits by friends, meetings, parties, etc.)</li> <li>☐ Noisy (TV, stereo, children playing, dogs barking, etc.)</li> <li>☐ Moderate (normal comings and goings)</li> <li>☐ Quiet (homebodies, few guests)</li> </ul>				
Preferences				
<ul> <li>I am active and prefer a dog with a high energy level that loves lots of exercise and play.</li> <li>I am moderately active and prefer a dog for whom daily walks are enough exercise.</li> <li>I am not very active and prefer a dog who needs little exercise.</li> </ul>				
Bad dog habits I cannot tolerate:				
What circumstances might justify giving up a dog?				

Have you ever had to give up a pet? 
Yes No If yes, what was the reason?

jumping up on people, pulling on the leash, tearing up belongings, U Very comfortable Moderately comfortable Not comfo	
Some dogs require an adjustment period of weeks or even months allow for this adjustment period?  Yes No, I prefer a pet w	
VETERINARY INFORMATION	
Veterinary information for current and/or new pet(s). List all you m	hay have seen.
Veterinarian's Name and Name of Clinic:	
Address/State/Zip:	Phone:
Veterinarian's Name and Name of Clinic:	
Address/State/Zip:	Phone:
Are you willing and able to pay the routine veterinary costs of carir illness or tests positive for a condition such as heartworm? $\Box$ Ye	
PERSONAL REFERENCES	
Name: Re	lationship:
Phone(s): E-	mail:
Name: Re	lationship:

#### FINALIZING THE ADOPTION APPLICATION

Please note that if you currently have another dog or dogs, the dogs will need to meet so that we can assess compatibility.

The information I have provided is accurate. I give Happy Tails permission to investigate that information. I understand that if an omission or untruth is discovered after an adoption occurs, Happy Tails has the right to annul the adoption and reclaim the pet. If the application passes this review, I agree to a home and/or yard visit on a mutually agreed-upon date by a Happy Tails representative, at the discretion of Happy Tails, before an adoption decision is made. If I am no longer able to keep the adopted pet, I agree to return the pet to Happy Tails.

#### Applicant

OFFICE USE ONLY	
r	Date:
/:	Date:
/:	Date:
/:	Date
	/: /: /:

# Veterinary Records Release Please print

I request that veterinary records for all of r	my pets be released to Happy	<sup>,</sup> Tails, Inc.	
Name:			
Address:			
City:	State:	Zip:	
Phone:			
Owner's signature		Date	