



Adoption Application
PLEASE READ ENTIRE COVER SHEET BEFORE
COMPLETING APPLICATION

Name of animal you are applying for: _____

Welcome to Happy Endings Rescue

We are a small organization and our time is limited.
Please answer each question **completely** and **honestly**.

We get too many applications that do not have a vet's name, location, and phone number included. **THIS IS REQUIRED!** If you rent, your landlords name and phone number are required also. We DO NOT look up phone numbers due to our limited time to spend on researching this information.

By submitting the application, you are giving Happy Endings Dog Rescue permission to investigate and confirm the information that you provide. All forms become the property of Happy Endings Rescue upon submission.

If any information is left blank, your application will not be reviewed.

If you are approved to adopt the pet you are applying for, this will become a part of your permanent record.

Please understand that not all families and dogs are compatible. Every effort is made to match traits exhibited by a dog with characteristics, which you desire in a pet. Our goal is to ensure the **welfare of the animal** only by placements in the best possible home. Happy Endings Rescue has the right to deny adoption of **ANY** animal to **ANYONE** for **ANY** reason.

In order to be considered as an adopter today, you must:

- Be **21** years or older;
- Have a valid driver's license or other photo ID and identification with your present address;
- Be able to verify that you can have a pet where you live (if renting or if living with parents or someone else) and;
- Be willing and able to spend the time and money necessary to provide the proper care for a pet, including food, shelter, veterinary care, grooming and training, for the lifetime of the animal you adopt.

Completion of this application does not guarantee adoption of a Happy Endings Rescue dog or puppy. Thank you.

Adoption Application

Date _____

DL# _____

Contact Information		
Name:	Spouses Name:	
Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	
Cell Phone:	Best Time to Call:	
Place of Employment:		
Spouse's Place of Employment:		

Student

Employed

Retired

Family members/ Guests with you today _____

Application Questions

Description of Residence:

House

Apartment

Mobile Home

Duplex

Condo

Other: _____

Do you: Rent

Property Owner Name: _____

Phone: _____

Own

Length of time at residence: _____

Do you live with parents? Yes

No

Do you live with non-relative? Yes

No

If you rent:

Does your landlord allow pets? Yes

No

Is a pet deposit required? Yes

No

Do you have a size/ weight limit?
_____ lbs Yes

No Limit:

Can proof of deposit be obtained? Yes

No

Upon approval of this application, it is required that the pet deposit be paid prior to the pet being released into your care.

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Number of people in the household: Adults: _____ Children: _____

Ages of children: _____

If you do not have children, do any children/ grandchildren, etc. visit your home frequently? _____

Anyone living in the house have allergies? Yes No

Anyone living in the house have asthma? Yes No

Are you willing to let a representative of Happy Endings Rescue visit your home by appointment? Yes No

If no, why not? _____

Who will support this dog financially? Myself

Spouse

Friend

Family

Parents

Where will you keep this dog?

Fenced Yard

Tied Outside

Loose Outside

Kennel/ Run

Garage

Patio/ Balcony

Inside Home

Other: _____

This dog will be kept:

Mostly Inside

Mostly Outside

Totally Inside

Totally Outside with shelter

As it prefers

Does your house have:

Pool?

Doggy Door?

Completely Fenced Yard?

Private Yard?

Fence Type: _____ Height? _____

Which of the following is used to secure your gate? Latch Key Lock

Deadbolt Padlock I don't lock my gate because

If you do not have a fence, how will you handle this dog's exercise and toilet duties?

Will dog be a family pet for: Children Companion to adults Hunting Dog

Guard dog Companion for other dog Gift for someone else

Other

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Where will you keep the dog during the day? _____

Where will you keep the dog at night? _____

Where will you keep the dog when you are not home? _____

How many hours on average will this dog spend alone? _____

Which rooms if any are off limits to dogs? _____

Will the dog be allowed on the furniture? _____

Are you planning on moving or traveling with the dog in the next 12 months?

Yes No

If yes, where and explain? _____

Will this dog be a gift? Yes No/ If yes, for whom? _____

Are you in the armed forces? Yes No/ If yes, who will take care of the dog if you are deployed? _____

What do you consider valid reasons for giving up a pet? **(Mark all that apply)**

Moving Vet Bills Fleas Destructive

Having a baby Grew too big Digging Chewing

Unable to houstrain Barking too little/ too much

Too rough with children Other

How long do you expect to keep this pet? _____

If you had to move or lost your job, what would you do with this pet? _____

What qualities are you looking for in a pet that you would like to adopt? Be specific so that we can make the best match possible. _____

Is there a certain type of breed you are looking for? Yes No

If yes what breed? _____

Are you familiar with this breed? _____

Do you have a preference regarding the age, sex, or size of you rescue dog? _____

Do you know about crate training? Yes No

If no, do you object to the use of a crate or wire kennel for crate training? Yes No

Are you willing to purchase a kennel if you do not have one? Yes No

If the dog is not housebroken, how will you deal with housebreaking issues? _____

Have you had experience with obedience problems? _____

If this dog develops behavior problems (chewing etc.), what measures would you take? _____

Dogs often live in excess of 10 years. Are you prepared to assume responsibility for that long? Yes No

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Pet Ownership History

Have you ever adopted from us before? _____ If so, when/ who? _____

If your dog has gotten out, which of the following would you do? Check the shelters
 Put ads in the newspaper Flyers door to door Wait for dog to return
 Other

Are all of the pets in your household current on vaccinations? Yes No
 Are all of the dogs in your household current on heartworm prevention? Yes No

What kind of heartworm preventative do you use? _____
 When was the date of last heartworm preventative given? _____

Flea and tick prevention used in your home? Yes No (Brand _____)

Would you consider euthanizing your pet because of medical cost **even though the animal can be saved and won't be suffering**? Yes No

Have any of the pets in your household been diagnosed with infectious diseases or conditions?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heartworms
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Distemper
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parvovirus

Please list all **pets** that are currently living with you

Breed	Age	Sex	Yrs. Owned	Spayed/ Neutered	Does he/she still live with you? If not, why?

If you currently have pets living in your home, do any of them have aggression issues towards other animals (ex: food, toys, etc.)? _____

Please list all **pets** you have owned in the last 5 years that are no longer with you.

Breed	Age	Sex	Yrs. Owned	Spayed/ Neutered	What happened to the pets that are no longer with you?

Adoption Application

List all Veterinary Clinic's used in the past 5 year

Vet's Name:
Address:
Phone:

Pet(s) seen by this vet:

Vet's Name:
Address:
Phone:

Pet(s) seen by this vet:

Vet's Name:
Address:
Phone:

Pet(s) seen by this vet:

Do we have permission to contact your vet as a reference? Yes No

Are you familiar with:

- Parvovirus
- Distemper
- Bordatella
- Rabies
- Other _____

Will you keep this dog's vaccinations up to date? Yes No
 Will you keep this dog current on monthly heartworm prevention? Yes No
 Please describe what you know about the causes and preventions of heartworms:

Do you currently have a Veterinarian? Yes No

Vet's Name:
Address:

Phone: _____

Pet(s) seen by this vet: _____

When and why was your last vet visit? _____

Where did you hear about us, may we thank them for the referral? _____

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Release for Veterinary Reference: (to be completed by potential adopter)

I, _____, hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals to Happy Endings Rescue, including the pet I'm adopting at this time for follow-up purposes in the case of existing conditions or simply well check and heartworm prevention status.

Signature _____

The animals at Happy Endings Rescue are not merchandise. They are living beings entrusted to our care. It is our responsibility to find the best possible homes for them and to meet the individual needs of each animal. Therefore, we have the right to approve or deny any adoption as we see fit.

I understand that Happy Endings Dog Rescue has the right to reclaim the rescue dog should any portion of this contract be breached by the adopter(s) or if it is determined the rescue dog is abused or neglected in any way. I certify that I have read and will agree and abide by the requirements set forth. If I qualify and receive a dog from Happy Endings Dog Rescue, I will accept the full responsibility for this dog.

Signature: _____ Date: _____