



[www.HaveAHeartPetShelter.org](http://www.HaveAHeartPetShelter.org)

4291 HWY 62E  
Flippin, AR. 72634

PO Box 1030  
Yellville, AR. 72687

### Pet Adoption Application

Please bring this completed application form when visiting the shelter or email it to:

[HaveAHeartPetShelter@gmail.com](mailto:HaveAHeartPetShelter@gmail.com)

Name	Email
Street Address	Day Phone
City, State, Zip	Evening Phone

Thank you for considering the adoption of a shelter animal. Before you decide to adopt a pet, please consider the time, effort, and funds necessary to properly care for an animal (estimated at \$1000 or more annually for food, supplies, vaccination, and veterinary care). Responsible pet ownership requires a commitment to provide care and companionship for the life of the pet. **The decision to adopt a pet is an important one.** In order to ensure that you and your pet will be happy for years to come, we need to take time to discuss your and the animal's individual needs and personality traits.

**Please take a few moments to carefully read and complete this application.**

1. The adoption fee is **not refundable**. However, if the Pet is returned to us for any reason within thirty (30) days, you have the option of choosing another Pet from us within six (6) months of the original adoption return.

Any donation you can make in addition to the adoption fee is greatly appreciated.

2. Name of the dog that you are interested in (if applicable): \_\_\_\_\_

3. Where did you see this dog?  Our Website  Newspaper  Pet Finder  Other

4. Do you currently  own  rent  lease the residence where you live?

5. How long have you lived at your current residence? \_\_\_\_\_ YEARS / MONTHS (circle one)

**If you are not the property owner, Have a Heart Humane Society will need to verify the current pet policy at your residence.**

Landlord's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

6. How many people live in your home? \_\_\_\_\_ Ages: \_\_\_\_\_

7. What will you do with your dog if you move in the future? \_\_\_\_\_

8. Does anyone in your household have allergies?  YES  NO

9. Who will be primarily responsible for the care of this dog? \_\_\_\_\_

10. Which of the following best describes your reason(s) for wanting this dog? (check all that apply)

- Companion  Guard Dog/Protection  Obedience Training  Agility  
 Couch Warmer  walking/Jogging Buddy  Gift  Other \_\_\_\_\_

11. How many hours will the dog be alone each day? \_\_\_\_\_
12. Where will the dog be kept when no one is home? \_\_\_\_\_
13. Where will the dog be kept at night? \_\_\_\_\_
14. Do you have a yard that is fenced?  YES  NO If so, how high is your fence? \_\_\_\_\_
15. If you have other pets: Are their vaccinations current?  YES  NO
16. Have you ever given up a pet?  YES  NO If yes, why? \_\_\_\_\_

17. What type(s) of pets do you own or have you owned in the past **FIVE YEARS?**

Type / Breed	Name	Age and Sex	Spayed/ Neutered	Current on Shots	Kept Where	Still Own
		M F	Y N	Y N		Y N
		M F	Y N	Y N		Y N
		M F	Y N	Y N		Y N
		M F	Y N	Y N		Y N
		M F	Y N	Y N		Y N

18. Who is (was) your veterinarian for the above animals?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

19. Who is the veterinarian that you plan to use for your new pet?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

20. Please provide a personal reference.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

21. Do you realize that a dog may live **15 or more years?**  YES  NO

22. When would you be ready to bring your new pet home if approved? \_\_\_\_\_

**23. It may take your new pet two or more weeks to adjust to its new home, ESPECIALLY if other pets are involved. Are you prepared to allow this much time?  YES  NO**

*By signing below, I certify that the information I have given is true. I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet from Have A Heart Humane Society. I authorize investigation of all statements on this application.*

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature Printed Name Date

FOR OFFICE STAFF ONLY	
Interview Date: _____	By: _____
<input type="checkbox"/> A	NOTES: _____
<input type="checkbox"/> N-A	_____