



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

657 Hwy 202 West  
Yellville, AR. 72687

PO Box 1030  
Yellville, AR. 72687

## Pet Adoption Application

*Please PRINT NEATLY and bring this completed application form when visiting the shelter or email it to:*

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

<b>Name</b>	<b>Email</b>
<b>Street Address</b>	<b>Day Phone</b>
<b>City, State, Zip</b>	<b>Evening Phone</b>

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 pet that you are interested in (if applicable): \_\_\_\_\_

3. Where did you see this pet?     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 pet 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 pet? \_\_\_\_\_

<p>10. Which of the following best describes your reasons for wanting to adopt this <b>CAT</b>? (check all that apply)</p> <p><input type="checkbox"/> Companion    <input type="checkbox"/> Barn Cat/Rodent Control    <input type="checkbox"/> Gift</p> <p><input type="checkbox"/> Couch Warmer    <input type="checkbox"/> Other _____</p>	<p>10. Which of the following best describes your reasons for wanting to adopt this <b>DOG</b>? (check all that apply)</p> <p><input type="checkbox"/> Companion    <input type="checkbox"/> Guard Dog/Protection    <input type="checkbox"/> Gift</p> <p><input type="checkbox"/> Obedience Training/Agility    <input type="checkbox"/> Walking/Jogging Buddy</p> <p><input type="checkbox"/> Couch Warmer    <input type="checkbox"/> Other _____</p>
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11. How many hours will the pet be alone each day? \_\_\_\_\_
12. Where will the pet be kept when no one is home? \_\_\_\_\_
13. Where will the pet be kept at night? \_\_\_\_\_
14. **For dogs:** Do you have a fenced yard?  YES  NO If so, how high is the fence? \_\_\_\_\_
15. If you have other pets: Are their vaccinations current?  YES  NO If no, why? \_\_\_\_\_
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 dogs may live **15 or more years** and indoor cats may live **15-20 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	_____
	_____