

Personal Information:

Name:			
Cell Phone:	Home Phone:	Work Phone: _	
Date of birth: Driver's	License #: State:	Are you currently enlisted	in the military? Yes / No
Spouse's Name (if applicable):		
Are there children in your ho	ouse hold? Yes / No If so, how r	many? What are their a	ges?
Are there others that live in y	your house hold? Yes / No Plea	se list:	
Place of employment:	Supervisors Na	ame:	Phone #:
Employer Address:	City:	State:	Zip:
How long have you been the	re? If less than 6 months	s, please list place of employ	ment prior to current
Employer, as well as length o	f time of employment:		
Residential Information:			
Home Address:	City:	State:	Zip Code:
How long have you resided a	t this address? Is th	nis where the pet will live wit	h you?
If less than two years, what w	vas your previous address?		
Do you: Own / Rent / Other \	What type of property? Apartr	ment / House / Condo / Mob	ile Home
What happens to the pet if y	ou move?		
If renting, what is your Landle	ord's name?	Landlord's Phone #	t:
Have you received permissio	n from your landlord to own a	pet on their property? Yes /	No
Are there breed restrictions?	Yes / No If restrictions apply, v	which breeds are applicable?	
Other Adoption Information	 i:		
Which animal at Happy Day a	are you interested in?	Male or F	emale

What do you think makes this particula	ar pet a good choice for you?	
Have you had experience with this part	ticular breed? Yes / No If yes ple	ease explain:
Do you have a fence around your yard?	Yes / No What type and Heigh	nt?
What level of energy/activity are you lo	ooking for in a pet?	
How will you exercise your pet and how	w often?	
What size of pet are you looking to add	ppt?	
What level of grooming are you looking	g to have with a new pet?	
How many hours are you away from ho	ome during the average work da	ay?
Where will your pet be kept during that	at time?	
Where will your pet be sleeping during	g the night?	
If you have to travel or be away from you	our home extended amounts of	f time, what will your plan of action be for
your pet?		
Do you currently have pets in your hor	me? Yes / No How many?	What kind?
Are they all current on their vaccination either question please explain why:		
Your Veterinarian's Name:	City:	Phone Number:
If your pet became ill or injured what w		
Are you capable of maintaining the ann	nual costs required to protect th	ne pet's health as well as abide by city
ordinances: Yes / No		
Does anyone in the household have all	ergies? Yes / No Does anyone ir	the household have Asthma? Yes / No
Have you or anyone in your household	ever been convicted of animal	cruelty, neglect, or abandonment? Yes / No
Have you ever had to give up a pet? Ye	es / No Please explain:	
Are there any other comments you wo	uld like to make?	

Please provide three contacts to provide a reference check:

	i none #	Email:
Name:	Phone #:	Email:
Name:	Phone #:	Email:
I, (name)	certify that al	l information provided on this form is true. I give
permission to Happy Day Hu		s needed. I understand that a home check may be
permission to Happy Day Hu	mane Society to verify information a a pet, also. Any false statement will	
permission to Happy Day Hu mandatory prior to adopting		terminate potential adoption.
permission to Happy Day Hu mandatory prior to adopting	a pet, also. Any false statement will	terminate potential adoption.