

Date _____

HAPPY ENDINGS ANIMAL RESCUE
happyendingar23@yahoo.com 307-360-6000
P. O. Box 1835 PINEDALE, WY 82941
Dog/Cat Adoption Application

Thank you for expressing interest in adopting from H.E.A.R. Completing this questionnaire will help us "know" you.

Adopters Name _____ Name of Adoptive Animal _____

Mailing Address _____ Physical Address _____

Cellphone _____ Phone _____ Work Phone _____

Email address: _____

Housing:

Rent / Own (*circle one*)

House Apartment Condo/Townhouse Is there a fenced yard? (**Yes or No**) Height _____

How long at current residence _____ yrs. If you move what will you do with your pets _____

Will you provide Happy Endings Animal Rescue with pictures of current living facilities and yard? (Yes or No)
(Digitals via e-mail will work) happyendingar23@yahoo.com

Would you consider moving to a place that did not allow pets? _____

How many people living in your home now?

Children _____ ages _____

Adults _____ ages _____

Is anyone in the home allergic to pets? _____

Where will the pet be when you are working? _____

Where will the pet sleep at night? _____

Have you thought of an exercise routine? Explain N/A _____

Are there any other pets in the home? _____

Are they spayed or neutered _____ if not why _____

Are they licensed (if required) (*Yes or No*) Are they up to date on vaccinations? (*Yes or No*)

Have you ever given up a pet? (*Yes or No*) Explain _____

Has a pet died on your premises in the last 6 months of distemper, parvo or unknown causes? _____

Why would you like to adopt dog/cat? _____

What qualities are you looking for in a pet? _____

Are you prepared to provide this pet with a home for the next 10- 20 years? _____

We ask that the pet is returned to HEAR if for some reason you cannot keep the pet.

If you are 60 yrs old or older, we ask that you or a family member contact us if you are unable to care for a pet adopted from our rescue.

Date _____

If you adopt today, a hear representative may visit you and your new pet in your home by appointment. (**Yes or No**)
Do you agree to have a yearly exam performed, needed vaccinations given and have your pet examined at any time of illness or injury by a veterinarian? (**Yes or No**)
Do you agree to keep id tags on your new pet? (**Yes or No**)
Do you agree to socialize and train your pet? (**Yes or No**)

VETERINARIAN REFERENCES:

Name of current veterinarian _____
Address _____
Phone _____
Name records are under _____

PERSONAL REFERENCES:

Name _____
Address _____ Phone _____
email _____
Relationship _____

Name _____
Address _____ Phone _____
email _____
Relationship _____

ADOPTION FEE: \$150.00 for dogs, \$100 for cats. An additional \$100.00 DEPOSIT MAY BE REQUIRED UNTIL PROOF OF NEUTERING RETURNED UPON PROOF OF ATLERATION. Happy Endings will provide initial vaccinations for animals less than 1 year of age.

If an adoption is completed, I accept the animal as is and assume all risks of his/her ownership, including the risk of injury or damage caused by the animal (such as, but not limited to animal bites). On my behalf, my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless the Happy Endings Animal Rescue of Pinedale, Wyoming and its directors, officers, employees and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of, or in connection with this adoption.

By signing below, I am attesting to the truthfulness of my answers. Falsification /noncompliance of any of the above information will be ground for disallowing the adoption of this animal and agree to reimburse H.E.A.R. the sum of \$150.00. Applicant must be 18 years of age or older. Happy Endings Animal Rescue reserves the right to refuse any applicant. I understand that I may return this animal to H.E.A.R. for any reason at any time; however, the adoption fee is only refundable if this animal is returned within the first two weeks from the date of the adoption contract.

(Donations made to Happy Endings are Tax Deductible.) Our Tax ID # is 74-3231075.

Signature of Applicant: _____

Signature of Co-Applicant: _____

Signature of H.E.A.R Representative: _____