

Date _____

Dog/Cat Adoption Questionnaire

HAPPY ENDINGS ANIMAL RESCUE

P. O. BOX 1835

PINEDALE, WY 82941

307-360-7800

Thank you for expressing interest in adopting a HAPPY ENDINGS pet. Completing this questionnaire will help us "know" you a little better! Thanks!

NAME _____ Name of Adoptive Animal _____

ADDRESS _____ PHONE# _____

EMAIL _____

HOUSING:

RENT / OWN (circle one)

HOUSE _____ APARTMENT _____ CONDO/TOWNHOUSE _____

IS THERE A FENCED YARD? _____ HEIGHT _____

TIME LIVED AT CURRENT RESIDENCE _____ yrs IF YOU MOVE, WHAT WILL YOU DO WITH YOUR PETS?

I CAN PROVIDE HAPPY ENDINGS ANIMAL RESCUE WITH PICTURES OF MY LIVING FACILITIES AND YARD

(Y/N) (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 _____

ANYONE 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?

ANY OTHER PETS IN THE HOME?

ARE THEY SPAYED OR NEUTERED? _____ IF NOT WHY _____ ARE THEY LICENSED?

WHERE ARE YOUR PETS KEPT AT NIGHT? _____ WHAT PROVISIONS

DO YOU HAVE FOR EXTREME WEATHER? _____

HAVE YOU EVER GIVEN UP A PET? _____ 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 A

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? _____

IF YOU NEED TO GIVE UP THIS PET, WILL YOU RETURN HIM/HER TO H.E.A.R.?

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. IF YOU ADOPT TODAY, MAY A HEAR REPRESENTATIVE VISIT YOU AND YOUR NEW PET IN YOUR HOME BY APPOINTMENT? _____ DO YOU AGREE TO HAVE A YEARLY EXAM

PERFORMED, NEEDED VACCINATIONS GIVEN AND HAVE YOUR PET EXAMINED IN ANY TIME OF ILLNESS OR INJURY TO A VETERINARIAN? _____

DO YOU AGREE TO KEEP ID TAGS ON YOUR NEW PET? _____ DO YOU AGREE TO SOCIALIZE AND TRAIN YOUR PET?

VETERINARIAN REFERENCES:

NAME OF CURRENT VETERINARIAN _____

ADDRESS _____

PHONE _____

NAME RECORDS ARE UNDER _____ I AUTHORIZE THE RELEASE OF MY PETS MEDICAL INFORMATION FROM THE VETERINARIAN LISTED ABOVE TO HAPPY ENDINGS ANIMAL RESCUE.

PERSONAL REFERENCES:

NAME _____

ADDRESS _____ PHONE _____

EMAIL _____

RELATIONSHIP _____

NAME _____

ADDRESS _____ PHONE _____

EMAIL _____

RELATIONSHIP _____

ADOPTION FEE: \$100.00 for dogs, \$75 for cats. An additional \$100.00 DEPOSIT UNTIL PROOF OF NEUTERING RETURNED UPON PROOF OF ATLERATION. Happy Endings will provide initial vaccinations for animals under 1 year of age.

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

IF AN ADOPTION IS COMPLETED I ACCPET 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 AND MYSELF, MY HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS, I HEREBY RELEASE DISCAHRGE, INDEMIFY AND HOLD HARMLESS THE HAPPY ENDINGS ANIMAL RESCUE OF PINEDALE, WYOMING AND ITS DIRETOS, 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 THE THIS ADOPTION.

BY SIGNING BELOW, I AM ATTESTING TO THE TRUTHFULNESS OF MY ANSWERS. FALSIFICATION OF ANY OF THE ABOVE INFORMATION WILL BE GROUND FOR DISALLOWING THE ADOPTION OF THIS ANIMAL AND AGREE TO REIMBURSE HEAR 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 HEAR 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.

Signature of Applicant: _____

Signature of Co-Applicant: _____

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