HAPPY TAILS ADOPTION CENTER- SHELBY COUNTY ANIMAL SHELTER ADOPTION APPLICATION Dogs

Name:		/ Date of Birth://
Street Address:		
City:	State:	ZIP Code:
How long at your curre	nt address? Years/Mo	onths
Do you live in: ☐ Home ☐ Apartment ☐ Mobile Home ☐ Live with Parents	5	
Home Phone()_ Mobile: ()		
Your Email:		
**If renting, complete the information.	ne next steps, if you o	wn your home skip to employer
Who is your landlord? _ Do you have a copy of		Yes / No
If renting or leasing, ph	one number of landlo	rd (
Employer: Employer Contact Ema	ıil	
DOG ADOPTION INFO		meet, list the name of dog.
Dog Gender Preference ☐ Male ☐ Female ☐ No Preference	е	

Desired approximate age of animal:
Type of pet personality wanted: Is this your 1st experience with a dog? Yes No What made you decide you wanted to adopt a pet and how long have you been
looking?
What is the primary reason you want to adopt? Companion for self / family / pet Gift Other
Have you ever adopted an animal before? ☐ Yes ☐ No
If 'Yes' – where did you adopt?
If 'Yes' – Where did you give up the animal for adoption?
What percentage of time will your pet be: Indoors: Outdoors:
Do you have a doggie door? ☐ Yes ☐ No
HOME ENVIRONMENT Number of people regularly in your home:
Number of Adults in Household: Ages of Adults:
Number of Children in Household: Ages of Children:
Is anyone allergic to dogs in your house?

☐ Yes ☐ No If Yes, please give details:
Who will be responsible for the dog?
Will there be any regular extended periods of time your dog will be alone (other than normal work hours)? ☐ Yes ☐ No
If Yes, please describe what arrangements will be made for the dog's regular and emergency care: Name of current veterinarian or clinic:
What brand of food will you provide for your pet?
Can you keep your new dog isolated for at least a week from your existing pets? ☐ Yes ☐ No
Where will you keep the new dog isolated?
CURRENT PETS IN HOUSEHOLD – DOGS Do you currently own one or more dogs? See Yes No
**If yes, continue with these questions, if no skip to next section.
How many dogs currently in the household?
Please list the ages and breeds of dogs (separated by a comma – if more than one dog)
Is each dog you own current on their shots? ☐ Yes ☐ No Are all of your dogs spayed or neutered? ☐ Yes ☐ No
If your dogs (or dog) are not spayed or neutered – why not?

Please give percentage of time your current dogs (or dog) are kept inside and
outside.
Indoor: Outdoor:
CURRENT PETS IN HOUSEHOLD - CATS
Do you currently own one or more cats? ☐ Yes
□ No
**If yes, continue with these questions, if no skip to next section.
How many cats currently in the household?
Please list the ages of cats (separated by a comma – if more than one cat)
Is each cat you own current on their shots? ☐ Yes
□ No
Are all of your cats spayed or neutered?
☐ Yes ☐ No
If your cats (or cat) are not spayed or neutered – why not?
m your cate (or cat) are not spayed or neatored willy not.
Please give percentage of time your current cats (or cat) are kept inside and
outside.
Indoor %
Outdoor %
DOG ADOPTERS:
Are you familiar with leash/licensing laws in your community?
□ Yes
□ No
Are you willing to take your dog to training? ☐ Yes
□ No
How will you confine your dog? (click all that apply)
□ Leash
☐ In the house
☐ Chain
☐ Dog Run
□ Crate
☐ Yard

Do you have a fenced yard? ☐ Yes
□ No
Type of fence:
☐ Wood
☐ Chain Link
☐ Other (Please describe)
Height of fence (in feet):
Are you willing to housebreak your dog? ☐ Yes ☐ No
Have you crate trained a dog previously? ☐ Yes ☐ No
Are you familiar with Heartworm Disease? ☐ Yes ☐ No
Are your current dogs on heartworm preventative? ☐ Yes ☐ No
Please click on ALL the behaviors you are unwilling or unable to deal with, tolerate or work through until resolved: □ Pottying in the house □ Mouthiness □ Destructive chewing
 □ Aggression toward other animals □ Barking □ Jumping Up □ Separation anxiety
□ Separation anxiety □ Shedding □ Escaping □ Rowdiness □ Digging
List any other behaviors you are unwilling or unable to deal with, tolerate or work through until resolved:
Are you familiar with Canine Distemper? ☐ Yes ☐ No

Are you familiar with the canine disease Parvovirus? ☐ Yes ☐ No				
Please tell us how you heard about us? ☐ I am a Previous Adopter ☐ Petfinder / PetArk search ☐ Google Search If you were referred to us – please let us know who referred you?				
may result in nullifying this adoption I also authorize my veterinarian to personal pets to Happy Tails Adoption I authorize Happy Tails Adoption in person at the information relea I agree to pay the adoption fee, a Tails Adoption Center adoption fee medical care and boarding for out I agree to all provisions of the Los	o release my veterinary records on my ption Center. Center to contact me by phone, email or sed in this application. Is required. I understand that the Happy ses are applied to defray the costs of r adoptable dogs and cats.			
Signature:				
Offic	e use only			
Approved Denied				
If denied why?				
Decision made by				
Docision made or				