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www.happydaysdogandcatrescue.org

Happy Days Dog and Cat Rescue DOG/PUPPY ADOPTION APPLICATION

Please keep in mind that the average cost of owning a healthy dog or puppy can be between \$400 and \$500 a year, which includes annual exam and vaccines, Heartworm and fecal testing, monthly Heartworm and flea/tick preventive, and dog/puppy needs [toys, crate/carrier, food, grooming]. If health issues or accidents occur, this cost can be even higher.

As a dog/puppy owner, it will be your responsibility to protect the dog/puppy and provide for its well-being, as well as protect others from it. We ask that you do not leave your dog/puppy outside unattended either day or night.

Applicants must be 18 years or older. Please write legibly. Thank you.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Alt Email _____

Home Phone _____ Cell Phone _____

Work Phone _____ Text/Pager Email _____

Best way to contact you? _____ What is your age? _____

You must have a valid driver's license. Is your address the same as it is on your driver's license? Yes No

If no, please explain. _____

Name of dog/puppy you are applying to adopt: _____

Please list other dogs or puppies you may be interested in adopting: _____

Why are you interested in adopting a pet at this time? _____

What traits are you looking for in a cat/kitten? Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Large/Ex-Large [50 lbs+] | <input type="checkbox"/> Low/Minimal grooming needs |
| <input type="checkbox"/> Female | <input type="checkbox"/> Non-shedding | <input type="checkbox"/> Other animal friendly |
| <input type="checkbox"/> Puppy | <input type="checkbox"/> Companion for myself or family member | <input type="checkbox"/> Couch potato |
| <input type="checkbox"/> Adult Dog [age 1 to 6 years] | <input type="checkbox"/> Companion for another pet | <input type="checkbox"/> Moderately active |
| <input type="checkbox"/> 6 years or older/senior, | <input type="checkbox"/> Child Friendly | <input type="checkbox"/> High activity |
| <input type="checkbox"/> Small [under 20 lbs] | <input type="checkbox"/> Friendly with strangers | <input type="checkbox"/> Hunting dog |
| <input type="checkbox"/> Medium [21 to 50 lbs] | | <input type="checkbox"/> Protector |

How would you describe your family environment? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Quiet, calm home | <input type="checkbox"/> Few people coming and going |
| <input type="checkbox"/> Daily activities, but predictable routine | <input type="checkbox"/> People in and out all day |
| <input type="checkbox"/> Whirlwind of activity | |

Do you live in a community that bans certain dog breeds? Yes No

If yes, which breeds? _____

In what type of home do you live? Single family Duplex Apartment Condominium/Townhouse
 Mobile Home Military Housing

Do you own or rent your home Own Rent

If you rent, please enter your landlord's name and phone number: _____

If you rent, have you received the approval of your landlord to have an animal? Yes No

How many adults reside in the home? _____

Do you have children? Yes No **If yes, what are their ages?** _____

Who in the household will care for the pet? _____

Is anyone in the home allergic to dogs? Yes No

If yes, how will you deal with it? _____

Do you currently have pets? Yes No

If yes, please tell us the name of the pet, what species, what breed and age.

Type of pet? [cat, dog, bird, etc.]	Pet's name	Pet's age	Pet's breed

Are your current pets: Spayed / Neutered UTD on vaccines On Heartworm protection [dogs]

If any of your current pets are not spayed/neutered or UTD on vaccines, please explain why.

Please provide the vet's name and phone number who would be able to verify your current pets are fixed and vaccinated as required.

Vet's Name: _____ Phone #: _____

Name of animal hosp/clinic: _____ City/State: _____

Person's name the pets were vetted under: _____

Have you had pets in the past? Yes No

If yes, please tell us the pet's name, what breed it was, it's age and why you don't have it any more.

Pet's Name	Pet's Breed	Pet's age	Reason you no longer have the pet

Please provide the vet's name and phone number who would be able to verify your previous pets were fixed and vaccinated as required.

Vet's Name: _____ Phone #: _____

Name of animal hosp/clinic: _____ City/State: _____

Person's name the pets were vetted under: _____

Our goal is to place our rescue dogs with families that keep them for the life of the animal. Please consider carefully what types of behaviors might cause you to return a rescue dog. Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Potty Accidents | <input type="checkbox"/> Escaping |
| <input type="checkbox"/> Inappropriate chewing | <input type="checkbox"/> Digging | <input type="checkbox"/> Shy/Nervous |
| <input type="checkbox"/> Counter Surfing | <input type="checkbox"/> Excessive Barking | <input type="checkbox"/> Fearful of children |
| <input type="checkbox"/> Aggression towards other animals | <input type="checkbox"/> Fearful of people | <input type="checkbox"/> Jumping on people |

Other behaviors that you cannot tolerate in a dog? _____

Will the animal be kept indoors or outdoors? Indoor only with full run of home Indoor only in designated area of the home Outdoor only

How much time will the animal spend alone during the day? _____

Where will the animal be kept when you are not home? _____

Where will the animal sleep at night? _____

Describe how you will train the pet. _____

Is your yard fenced? Yes No **What type of fence?** _____

If yes, is the fence less than 4 feet high 4 feet or waist high 6 feet or shoulder high

Have you ever given up a pet in the past? Yes No **If yes, why?** _____

Under what circumstances might you decide to give up a pet? Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Moving | <input type="checkbox"/> New job | <input type="checkbox"/> None of these would make me give up my pet |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Problems with pet's behavior | |
| <input type="checkbox"/> Illness/Allergies | <input type="checkbox"/> Problems with pet's health | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> New baby | <input type="checkbox"/> Financially unable to care for pet | |

Did you contact your veterinarian's office and give them permission to talk to a volunteer from HDDCR?
 Yes No **If no, why not?** _____

How do you feel about spay and neuter of pets? _____

If something should happen to you, what is your care plan for the rescue dog? Please be specific. _____

Have you applied with any other rescue? Yes No

Have you been denied to adopt by another rescue? Yes No

If yes, please explain why. _____

If you are chosen to adopt, when would you be ready to take possession of the rescue animal?

Now / immediately In a week After returning from vacation / trip: _____ days weeks

How did you hear about us? _____

I certify that the information entered on this applicant is true.

Applicant's signature

Date