Have A Pet Shelter
North Central Arkansas
Feel the love

www.HaveAHeartPetShelter.org

657 Hwy 202 West
Yellville, AR. 72687

870-449-7387

Pet Adoption Application

***PLEASE PRINT NEATLY* and bring this completed form when visiting the shelter or email it to :**

HaveAHeartPetShelter@gmail.com

Name	**Date**
Street Address	**City, State, Zip**
Email	**Phone(s)**

Thank you for considering the adoption of a shelter animal. Before you decide to adopt a pet, please consider the time, effort, and funds necessary to properly care for an animal (estimated at $1000 or more annually for food, supplies, vaccination, and veterinary care). Responsible pet ownership requires a commitment to provide care and companionship for the life of the pet. **The decision to adopt a pet is an important one.** In order to ensure that you and your pet will be happy for years to come, we need to take time to discuss your and the animal's individual needs and personality traits.

Please take a few moments to carefully read and complete this application.

1. The adoption fee is **NOT REFUNDABLE**. However, if the Pet is returned to us **WITHIN THIRTY (30) DAYS** for any reason, you have the option of choosing another Pet from us within six (6) months of the original adoption return. Any donation you can make in addition to the adoption fee is greatly appreciated. (initials)_____

2. Name of the pet that you are interested in (if applicable): _____

3. Where did you see this pet? ☐ Our Website ☐ Newspaper ☐ Online (where) _____ ☐ Other _____

4. Have you adopted a pet from us before? ☐ YES ☐ NO

5. Do you currently ☐ Own ☐ Rent ☐ Lease How long? _____YEARS / MONTHS (circle one)

If you are not the property owner, Have a Heart Humane Society will need to verify the current pet policy at your residence.

Landlord's Name: _____ Phone Number: _____

6. How many people live in your home? _____ Ages:_____

7. What will you do with your pet if you move in the future? _____

8. Does anyone in your household have allergies? ☐ YES ☐ NO

9. Who will be primarily responsible for the care of this pet? _____

10. Which of the following best describes your reasons for wanting to adopt this **CAT**? (check all that apply)

☐ Companion ☐Barn Cat/Rodent Control ☐Gift
☐ Couch Warmer ☐Other_____

10. Which of the following best describes your reasons for wanting to adopt this **DOG**? (check all that apply)

☐ Companion ☐Guard Dog/Protection ☐Gift
☐ Obedience Training/Agility ☐Walking/Jogging Buddy
☐ Couch Warmer ☐Other_____

11. How many hours will the pet be alone each day? _____

12. Where will the pet be kept when no one is home? _____

13. Where will the pet be kept at night? _____

14. **For DOGS:** Do you have a fenced yard? ☐ YES ☐ NO If YES, how high is it? _____

15. **For DOGS:** Are they on heartworm preventative? ☐ YES ☐ NO If NO, why? _____

16. **For CATS:** Have you ever owned a declawed cat? ☐ YES ☐ NO

17. Have you ever given up a pet? ☐ YES ☐ NO If YES, why? _____

17. What type(s) of pets do you own, or have you owned in the past **FIVE YEARS**?

Dog or Cat Breed	Pet's Name	Age and Sex	Spayed/ Neutered	Current on Shots	Kept Where	Still Have
		M F	Y N	Y N		Y N
		M F	Y N	Y N		Y N
		M F	Y N	Y N		Y N
		M F	Y N	Y N		Y N
		M F	Y N	Y N		Y N

18. Who is (was) your veterinarian for the above animals?

Name: _____ Phone: _____

Address: _____

19. Who is the veterinarian that you plan to use for your new pet?

Name: _____ Phone: _____

Address: _____

20. Please provide a personal reference.

Name: _____ Phone: _____

21. Do you realize that dogs may live **15 or more years** and indoor cats may live **15-20 years**? ☐ YES ☐ NO

22. If your application is approved, when would you be ready to bring your new pet home? _____

23. It may take your new pet two or more weeks to adjust to its new home, ESPECIALLY if other pets are involved. Are you prepared to allow this much time? ☐ **YES** ☐ **NO**

By signing below, I certify that the information I have given is true. *I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet from Have A Heart Humane Society. I authorize investigation of all statements on this application.*

X	**X**	**X**
Signature	**Printed Name**	**Date**

FOR OFFICE STAFF ONLY

Interview **DATE**: _____ Interviewed **BY**: _____

Is the applicant approved?

☐ YES ☐ NO (Why?) _____

_____

Revised: 07'2025