



Dog Adoption Application

Thank you for taking the time to fill out this application. Your information will remain confidential and used only as part of the HTAP Adoption Program.

Animal to be Adopted: _____

Breed: _____ **Color:** _____

Age: _____ **Microchip #:** _____

PERSONAL INFORMATION (Please print):

Name: _____ **Age:** _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home phone: _____ **Work/Cell phone:** _____

Email: _____

How did you hear about us? _____

HOUSEHOLD INFORMATION:

How many people are in your household?

Adults over the age of 18 (including self): _____ **Ages:** _____ **Children (under 18):** _____ **Ages:** _____

Does anyone in the household have allergies to animals? Yes No

If yes, who? _____

Do you live in: HOUSE APARTMENT CONDO DUPLEX MOBILE HOME TOWNHOME

Do you: OWN RENT LEASE How long have you been at this address? _____

Who will be the primary caregiver? _____

Will the pet live with you, in your home, or with someone else? _____

How many hours during the AVERAGE day will this dog spend WITHOUT a human? _____

Where will this dog be when someone is home? _____

Where will this dog be when alone? _____ **Where will this dog sleep at night?** _____

Are you financially able to provide:

Adequate food and shelter Yes No

Annual vaccinations, exams, and additional veterinary care for unexpected illness/Injury Yes No

Grooming Yes No

Obedience training if necessary Yes No

Describe your yard:

No yard Unfenced yard Partially fenced yard Completely fenced yard

Height of fence: _____ Made of? Wood Chain link Brick Other _____

How would you describe your level of experience with dogs? *check all that apply*

Never had a dog Had childhood pet dog Had one or more as an adult

Have experience with powerful breeds

Have experience working with on-going medical problems with a personal dog

Have experience working at a boarding kennel/resort/pet sitting service etc.,

Have experience working with behavioral problems with a personal dog

Have experience working in a veterinary hospital

Am a professional dog trainer

Have previous foster/rescue experience, if yes, please describe: _____

Do you have experience with: small dogs medium dogs large dogs

List experience with specific breeds: _____

Please list all of your current pets:

Dog/Cat	Breed	Name	Age	M/F	Altered?	How long owned?

Please use back of application if you run out of space. We recommend all other animals in your home be up to date on vaccinations.

Return Application to:

Happy Tails at Pegasus,
Attn: Dog Adoption Program,
291 Race Street
Grantsville, UT 84029

Email: happytailsatpegasus@gmail.com