

**HAPPY TRAILS FARM ANIMAL SANCTUARY, INC.**  
**ANIMAL ADOPTION APPLICATION**

5623 New Milford Rd., Ravenna, Oh 44266 • (330) 296-5914

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ WORK PHONE \_\_\_\_\_

TYPE(S) OF ANIMAL YOU WOULD LIKE TO ADOPT (i.e. pig, goat, horse, etc.) \_\_\_\_\_

How many of each animal would you like to adopt? \_\_\_\_\_ Have you ever adopted from Happy Trails before? \_\_\_\_\_

Please list your reason(s) for wishing to adopt an animal \_\_\_\_\_

Describe the housing/fencing you will be using for the animal(s) at your residence \_\_\_\_\_

How long have you been looking for a pet? \_\_\_\_\_ Is this pet going to be a gift? \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ Do you own or rent your current place of residence? \_\_\_\_\_

If you rent, we will need a copy of the lease, the landlord's phone number, and you will need to verify that you are permitted to have a pet where you live. How long have you lived at your current address? \_\_\_\_\_ Will you be moving soon? \_\_\_\_\_

If yes, please give your new address and phone number \_\_\_\_\_

Do you have children? \_\_\_\_\_ If yes, what are their ages? \_\_\_\_\_

Have your children been around pets before? \_\_\_\_\_ Does anyone in your household have allergies to animals? \_\_\_\_\_

Who is your current veterinarian? \_\_\_\_\_

List other animals presently under your care \_\_\_\_\_

Are you willing to accept full financial responsibility for your pet? \_\_\_\_\_ Are your pets current on all inoculations? \_\_\_\_\_

Are your current pets spayed/neutered/gelded? \_\_\_\_\_ How many pets have you had within the last ten years? \_\_\_\_\_

Are they still with you? \_\_\_\_\_ If yes, how many and what kind \_\_\_\_\_

If no, please explain \_\_\_\_\_

Who will provide care for your pet in your absence? \_\_\_\_\_

Do you object to a Happy Trails volunteer visiting your home or calling you to check up on your adoptive pet? \_\_\_\_\_

Please provide two references that we may contact and the veterinarian that you will be using for this particular animal.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

Happy Trails Farm Animal Sanctuary, Inc. reserves the right to correspond with adopters and conduct on-sight inspections of adopted animals housing at your residence. We also sign a mutual adoption contract which grants Happy Trails Farm the legal right to resume custody of adopted animal(s) if the adoption terms are violated in any way.

Additional comments or conditions \_\_\_\_\_

I, the undersigned Adopter, hereby declare that the information provided in this adoption evaluation is true and correct to the best of my knowledge and belief. Any false information may result in nullifying the adoption.

Signature of Adopter \_\_\_\_\_ Date \_\_\_\_\_

Happy Trails Adoption Counselor \_\_\_\_\_ Date \_\_\_\_\_

approved      denied