



## Second Chance Canine Adoption Shelter

6660 E Seneca Turnpike, Jamesville, NY 13078

(315) 435-5584

[friendsofsecondchance@gmail.com](mailto:friendsofsecondchance@gmail.com)

### Second Chance Canine Shelter Application for Adoption

(Completing an application is not a guarantee of adoption)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Age of Applicant: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Dog's Name (name of dog applicant is looking to adopt): \_\_\_\_\_

◆ Why do you want to adopt a new pet? Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list ALL of the pets you have had in the past 5 years starting with those you currently own.

Name/Breed	Sex	Age	Spayed or Neutered	Licensed	Where is the pet now? <small>(If pet died, please list at what age and reason)</small>
	M F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	M F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	M F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	M F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	M F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	M F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please include the contact information of the veterinarian you currently use or have used in the past. Please call your veterinarian and give Second Chance Shelter authorization to speak with staff about current and past pets in your home. If this is your first pet please include the name of the veterinarian you intended to use.

Veterinarian Name and Number: \_\_\_\_\_

- ◆ How many adults are in your household? \_\_\_\_\_ Ages: \_\_\_\_\_
- ◆ How many children? \_\_\_\_\_ Ages: \_\_\_\_\_
- ◆ Status of employment: \_\_\_\_\_ Name of employer: \_\_\_\_\_
- ◆ If you answered “self employed” or “other” please explain: \_\_\_\_\_  
\_\_\_\_\_
- ◆ Has every member of your family agreed to adopt this dog?  Yes  No *(If this has not been discussed at great length, please complete the application when that has occurred.)*
- ◆ Occasionally a dog will need help making the adjustment to their new home. Please explain how you are going to make the adoption successful?  
\_\_\_\_\_
- ◆ Describe what life would be like for a dog that joins your family? \_\_\_\_\_

**Personal References** (please provide names and phone numbers of two friend(s) or relative(s) who do not reside in the household):

Personal Reference 1 Name: \_\_\_\_\_ Phone No.:(\_\_\_\_\_) \_\_\_\_\_

Personal Reference 2 Name: \_\_\_\_\_ Phone No.:(\_\_\_\_\_) \_\_\_\_\_

**Describe your level of experience:**

First Time dog owner	
Have owned 1 or 2 dogs	
Experienced and knowledgeable <i>(please explain)</i>	

**Describe your home environment?**

Very active	
Some activity	
Very calm and consistent	

Does any member of your family have allergies or asthma?  Yes  No

◆ If yes, please describe: \_\_\_\_\_

◆ Is someone home during the day?  Yes  No If so, who? \_\_\_\_\_

◆ How many hours will this dog be alone each day? \_\_\_\_\_

◆ Where will this dog be kept when it is left alone? \_\_\_\_\_

◆ Where will this dog be kept when you are home? \_\_\_\_\_

◆ Where will this dog sleep at night? \_\_\_\_\_

◆ Do you live in a:  House  Townhouse/Condo  Apartment  Duplex  Mobile Home

◆ Do you:  Own  Rent  Other \_\_\_\_\_

◆ If you rent, does your Landlord allow tenants to own dogs of all sizes and breeds?  Yes  No

◆ Please provide name and number of your Landlord \_\_\_\_\_

## Dog Adoption Application

- ◆ Do you have a fenced:  Yard  Patio  Both  No fencing in place.
- ◆ If you have fencing, what type is it and how high? \_\_\_\_\_
- ◆ If you don't have a fence how do you plan to exercise the dog? \_\_\_\_\_

- 
- ◆ Do you have a pool?  Yes  No If yes, is the pool gated?  Yes  No
  - ◆ Do the costs of vaccinations, medical care, licensing, grooming, boarding, supplies, and/or general upkeep of a dog present any financial problems for you? (The annual cost associated with providing responsible care to a health dog is approximately \$700)  Yes  No

A dog requires monthly health necessities such as heartworm protection, flea and tick prevention, ect. by continuing with this application process you are agreeing to provide this and any other monthly or yearly care vaccines. Is this acceptable? \_\_\_\_\_ If not why? \_\_\_\_\_

- ◆ Which reasons are acceptable for giving up your dog? (*Check all that apply*)
  - fence jumping  allergy  moving  housebreaking accidents
  - biting  showing teeth  marking in house  chewing/destructive behavior
  - too active  illness  hides for a week  digging
  - barking  non-compatible w/other pets

- ◆ Have you ever had to give up a pet?  Yes  No If so, when and why? \_\_\_\_\_

- 
- ◆ Have you adopted any animals before?  Yes  No If so, from where? \_\_\_\_\_

- ◆ Have you ever applied to adopt a pet before from us or elsewhere and been denied? \_\_\_\_\_  
If so from where and why? \_\_\_\_\_

- ◆ Are you familiar with positive reinforcement training methods? Please Explain: \_\_\_\_\_

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How would you correct the dog's unwanted behaviors? \_\_\_\_\_

Your application will be reviewed, along with all others received, by Friends of Second Chance personnel to insure that the best possible home is selected for this animal. Animals are not adopted solely on a first come-first served basis. The completion of this application is not a guarantee of adoption. Incomplete applications may result in denial of adoption. We reserve the right to refuse the adoption of any animal.

I hereby certify that the above answers are true, to the best of my knowledge, and I understand that if approved, I must abide by an Adoption Agreement.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Notes: \_\_\_\_\_

Personal Reference \_\_\_\_\_

\_\_\_\_\_

Personal Reference \_\_\_\_\_

\_\_\_\_\_

Vet Reference \_\_\_\_\_

\_\_\_\_\_

**For office use only:**

Approve

Disapprove

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Second Chance Staff Member: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_