



Second Chance Canine Adoption Shelter

6660 E Seneca Turnpike, Jamesville, NY 13078

(315) 435-5584

friendsofsecondchance@gmail.com

Application for Adoption

(Completing an application is not a guarantee of adoption)

Name: _____

Address: _____

City/State/ Zip: _____

Age of Applicant: _____

Home Phone: () _____ Cell: () _____ Work: () _____

Email: _____

◆ Dog's Name (name of dog you are looking to adopt): _____

◆ Tell us **why** you are looking to adopt a new pet: _____

Please list ALL the pets you have had in the past 10 years in the table below, starting with those you currently own...

Name/Breed	Sex <i>(Male or Female)</i>	Age <i>(in years)</i>	Spayed or Neutered	Licensed	Where is the pet now? <i>(If pet died, please list at what age and cause of death)</i>
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional pets/comments (if all 5 boxes have been filled):

◆ **Veterinarian Reference:** 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 intend to use.* **Veterinarian Name and Phone:** _____

◆ How many **adults** are in your household? _____ Ages: _____

◆ How many **children**? _____ Ages: _____

◆ Status of **employment** (*F/T, P/T, Retired*) _____ Name of employer: _____

◆ Do you **live** in a: House Townhouse/Condo Apartment Duplex Mobile Home Other (*specify*) _____

◆ Do you **own/rent**?: Own Rent Other (*explain*) _____

○ If you *rent*, does your landlord allow tenants to own dogs of all sizes/breeds? Yes No

○ Please provide name and number for your landlord: _____

◆ 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

◆ Has **every member of your family agreed** to adopt this dog? Yes No

◆ A dog may 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: _____

Describe your experience as a dog owner

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 yes, 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 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/tick prevention etc. Do you agree to provide this and any other monthly or yearly care vaccines? Yes No
If not, explain 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 digging
 - too active illness hides for a week chewing/destructive behavior
 - barking non-compatible
- ◆ 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**? Yes No If yes, why? _____
- ◆ Are you familiar with **positive reinforcement training** methods? Please explain: _____
- ◆ How would you **correct** the dog's unwanted behavior? _____
- ◆ Personal References (*provide 2-3 friends or relatives who do not reside in the household*):

Personal Reference 1 Name: _____ Phone: _____

Personal Reference 2 Name: _____ Phone: _____

Personal Reference 3 Name: _____ Phone: _____

Your application will be reviewed, along with all others received, by Friends of Second Chance personnel to ensure that the best possible home is selected for this animal. Animals are NOT adopted solely on a first come-first served basis as our mission is to find the best fit for both the dog and the adopter. 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 _____ Date _____

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY (BELOW)

Notes: _____

Personal Reference _____

Personal Reference _____

Vet Reference _____

For office use only:

Approve Disapprove

Reason: _____

Second Chance Staff Member: Name: _____