



## Second Chance Canine Adoption Shelter

6660 E Seneca Turnpike, Jamesville, NY 13078

(315) 435-5584

[friendsofsecondchance@gmail.com](mailto: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 with 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**?  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: \_\_\_\_\_**