
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? _____
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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? _____

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- ◆ 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 _____
 - ◆ 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? _____

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- ◆ 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? _____

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- ◆ 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: _____

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 _____

Date _____

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: _____