



ADOPTION APPLICATION

FOR ADOPTION APPLICATION ONLY	FOR RESCUE USE ONLY
Foster's Name _____	Date Reference Check Completed _____
Foster's phone number _____	Date Veterinarian Check Completed _____

Applications must be completed by the person interested in adopting the dog. Applications submitted by anyone under 18 years of age will be rejected and no further consideration will be given.

Return completed application to: _____

If you are interested in a specific dog, please list the dog's name _____

Applicant's Name _____ Age: _____

Home Phone Number _____ Address _____

City/State/Zip _____

Cell Phone #: _____ Email Address _____

Do you? Rent _____ Own your home _____ How long at this address _____

If you rent does your rental agreement permit pets? Yes No

Landlord's name, address and phone number (required) _____

If less than 2 yrs at this address, list previous address _____

Employer _____ Employer's phone number _____

Work Hours _____

List all other living in your home Name: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Pet's primary caretaker _____

Will this be your children's first experience with a dog as part of the family? Yes _____ No _____

Is this pet a gift? Yes _____ No _____ For who? _____

If necessary, are you willing to take the pet to Obedience Classes? Yes _____ No _____

Have you ever taken a dog through an Obedience Class? Yes _____ No _____

Home Environment

Which best describes your living situation: Home _____ Apartment _____ Mobile Home _____
Other _____

What environment: City _____ Subdivision _____ Country _____ Town _____

What type of yard: No Yard _____ Small _____ Large _____ Acreage _____
Fenced Yes _____ No _____ Type of fence? _____

Will the pet have to use steps to go potty? Yes _____ No _____

Which best describes potty accommodations? Run _____ Fenced yard _____ Kennel _____
Tie Out _____ Other _____

How many hours will the pet be left alone daily? Less than 1 _____ 2-4 _____ 6-8 _____ 8+ _____

Will you be able to let the dog out during the daytime? [] Yes [] No

Where will the pet be kept while home alone? Loose in House _____ Confined in a room _____
Crate _____ Garage _____ Basement _____ Outdoors _____ Other _____

Where will the pet be kept while you are home? Loose in House _____ Confined in a room _____
Crate _____ Garage _____ Basement _____ Outdoors _____ Other _____

Do you travel often? Yes _____ No _____ If so, how will you provide for the dog while you are away?

How will the pet be exercised? _____

Dogs can live 15 years or longer. Can you commit to caring for this dog for that period of time?
Yes _____ No _____

What do you plan to do if circumstances arise that will not allow you to keep your pet? _____

What would happen to your pet should you no longer be able to care for it due to medical concerns or death?

How much money would you be able to spend if your pet became seriously ill? _____

What would make you want to return this dog? _____

Are you aware that unknown behavior problems could exist or may develop? Yes _____ No _____

Would you be willing to contact Second Chance Small Dog Rescue to correct these problems?
Yes _____ No _____

Are you physically and financially able to care for this pet? Yes _____ No _____

Do you understand that all household pets need to go to the veterinarian on a yearly basis for checkups?

Yes _____ No _____

Are you familiar with canine heartworms? Yes _____ No _____ Do you plan to keep this dog on heartworm preventative medication? Yes _____ No _____

Are you aware that a visit to your home may be required before adoption and could possibly take place on a random basis after adoption? Yes _____ No _____

Have you applied for or adopted a pet from Second Chance Small Dog Rescue or any other shelter?

Yes _____ No _____ When? _____ Where? _____

Have you ever turned an animal into a shelter? Yes _____ No _____ What were the circumstances? _____

Who will care for the dog while you are on vacation or in an emergency? _____

How do you intend to correct or discipline this dog? _____

Are all family members (living in your home) in agreement to adopting this dog? Yes _____ Initial _____

Current Pets

Name _____ Breed _____ Age _____

Spayed/Neutered? Yes _____ No _____ Heart worm Preventative? Yes _____ No _____

Veterinarian/Phone number _____

Name _____ Breed _____ Age _____

Spayed/Neutered Yes _____ No _____ Heart worm Preventative? Yes _____ No _____

Veterinarian/Phone number _____

Name _____ Breed _____ Age _____

Spayed/Neutered Yes _____ No _____ Heart worm Preventative? Yes _____ No _____

Veterinarian/Phone number _____

Previous Pets

Name _____ Breed _____ Age _____

Veterinarian/Phone number _____

What happened to this pet? _____ How long ago? _____

Name _____ Breed _____ Age _____

Veterinarian/Phone number _____

What happened to this pet? _____ How long ago? _____

Name _____ Breed _____ Age _____

Veterinarian/Phone number _____

What happened to this pet? _____ How long ago? _____

Regardless of the nature, I hereby give permission to all Veterinary Offices and individuals listed herein to release information to Second Chance Small Dog Rescue.

Please Contact Your Vet and Let Them Know We Will Be Calling. Without Your Consent, Your Vet May Not Release Information To Us.

Personal References – please list at least one non-relative

Name _____ Phone Number _____

Relationship _____

Name _____ Phone Number _____

Relationship _____

Are there any comments or anything additional that you would like to tell us about your family, your pets, or your lifestyle that would impact the care and affection given to this dog? _____

I have read this document in its entirety and fully understand it. Yes _____ Initial _____

I certify that the information in this application is true and correct. I understand that Second Chance Small Dog Rescue reserves the right to approve or reject this application. Second Chance Small Dog Rescue’s policy is to place the dog in a home that best fits the dog’s needs. If more than one person is interested in the same dog, all interested parties will be interviewed to determine the best match.

Second Chance Small Dog Rescue reserves the right to reclaim the dog/s if any information in my application is found to be false or incomplete. Yes _____ Initial _____

I agree to assume all risks, which may occur in adopting a dog/s. I understand that dogs can be destructive and an adopted dog may cause damage to my property. I agree to hold harmless Second Chance Small Dog Rescue, and/or any representative of Second Chance Small Dog Rescue, for any damage or injury sustained to myself, family members, pets and/or friends as a result of having adopted this dog/s.

Signature _____ Date: _____

Signature _____ Date: _____

THANK YOU FOR CONSIDERING A RESCUE DOG!