

## **Adoption Application**

Please fill out completely. Do not leave any sections blank.

I acknowledge that I have received and read the SCH Process and FAQ sheet that I received with my					
application. Applicant Initials:					
Name of Pet Interested in Adopting: Why are you int		erestea	n this pet?		
If you are not selected for this particular dog, do you want		Age Des	ired:		
Second Chance Habitat to evalu		Gender preference: ☐ Male ☐ Female			
consideration of other dogs curr	rently with the rescue or future	Size:  Small (<25 lbs)  Medium (26-60lbs)			
rescue intakes?		0.20.	= (20)		
		☐ Large (61-100 lbs) ☐ XL (over 100lbs)			
Applicant Name:			, , , ,		
Full Address (include city, s	state, zip):				
Home Phone:		Cell Pho	Cell Phone:		
Work Phone:		Email:	Email:		
Workplace/Position:			Length of time on job:		
Co Applicant Name:					
Co-Applicant Name:					
Home Phone:		Cell Pho	Cell Phone:		
nome Phone.		cell i floric.			
Work Phone:		Email:			
Workplace/Position:			Length of time on job:		
·					
Living Conditions					
How long have you lived at your current address?		Do yo	Do you rent or own?		
If you rent, do you have permission from your landlord			Are you aware of any required pet deposits?		
to get a pet?					
If you rent, please provide landlord's name and phone number.					
		1.			
Do you have a fenced	Type of fence and height?	Appro	ximate size of fenced yard area.		
yard?	و من النب	D-	De la la cada de 2 Million de 1		
If you do not have a fence, will you install one?		-	Do you have a doggy door? Will the dog have		
			access to it when no one is home?		
If you do not have a force	are you prepared to wall we	ur dos :	aultiple times daily in spite of weather		
conditions (cold, hot, rain,		our dog f	nultiple times daily in spite of weather		

## Family Life

Tell us about your family's lifestyle. Include any activities in which your pet would be involved. Please also					
note any special needs or allergies, so we can ensure the dog is a good fit for your family.					
How many adults live in household?	Include ages of ALL family members (including you				
	and your spouse).				
Harry season shill down live in the harry 2. Blacks in the	and any anadal and				
How many children live in the house? Please include a	iges and any special needs.				
If no children, how often would the dog be in contact v	with children (viciting family, neighbors, etc.)?				
in no children, now often would the dog be in contact t	with children (visiting rannily, heighbors, etc):				
If you have children, how will you acclimate the children	en (and their friends) to the dog?				
in you have enhanced, now will you declimate the enhance	en (and then mends) to the dog.				
Does the entire family share interest in adopting a dog	?				
The state of the s	,				
Why did you decide to get a dog?					
, ,					
What are you looking for in a pet?					
,					
Who will care for, train, and exercise the dog?					
How many hours daily will the dog be alone (without	Where will the dog stay when you are NOT home?				
humans)?					
Where will the dog primarily spend time when you	Where will the dog stay at night?				
are home?					
How and how often will you exercise your dog?	Who will care for your dog if you are out of town?				
Under what condition(s) would you give up your dog?					
Have you previously taken a dog to obedience	Will your dog receive formal obedience training?				
training?					
Are you familiar with the use of a crate to train your pet during your absence/at night?					

How would you discipline or go about correcting an undesired behavior?				
In the event that issues arise as your young puppy/dog ages, are you prepared to confront the problem with				
assistance/a trainer before looking to surrender back to	to the rescue?			
Are there any behaviors you are NOT willing to work with?	How long do you feel it will take the dog to adapt to his/her new home/environment?			
With:	ms/ner new nome/environment:			
Diagon activants the wearly post of soving for a dealfor	ad avecasing training ret any deviage beauting			
Please estimate the yearly cost of caring for a dog (for etc).	od, grooming, training, vet care, day care, boarding,			
Manda va va ancidos adantina a baset va especitiva de				
Would you consider adopting a heartworm positive do	og r			
What do you know about heartworms?				
Please explain your understanding of how a dog contr	acts heartworms.			
Where do you currently purchase heartworm prevention? If you don't currently purchase it, would you?				
Would you consider a dog that has special needs (such as one who requires medication for a permanent,				
but controlled condition)?				
Have you ever or would you ever, elect to have cosmetic surgery performed on a pet, such as ear cropping,				
tail docking, or cat declawing? If so, under what circumstances?				
Have you ever sold a pet, given away a pet, or surrendered a pet to a shelter? If yes, please specify why.				
Do you understand the state and local ordinances concerning licensing and/or leashing?				
Have you, or any member of your family/household been cited for leash law violations or cruelty to animals in the past?				
Please give name and phone number for TWO references who are familiar with your experience as a pet				
owner. One should <i>not</i> be a family member.	ces who are familiar with your experience as a per			
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Name	Breed	Age	Weight	Spayed/Neutere
L		I	_L	_ <b>I</b>
ease list any pets that yo	u had within the last	5 years who are n	o longer with you.	
Pet Name and Type				
et Information — Please	be sure to call your vet to	o give permission to r	elease information to	us for a reference check
ull name, address, phone				
your vet records are und				
naiden name, ex-spouse,				
ased on the information	provided, your applica	ation will be deciln	ied without further	notification.

## Please initial each statement.

I am prepared to make a 10-15 year commitment to a	I will keep my dog on monthly heartworm prevention		
dog.	twelve months a year.		
I will provide flea/tick medicine/prevention as needed.	I will work with my vet and agree on a regular schedule		
	for wellness visits, inoculations, and any other tests we		
	agree are necessary for the health and well-being of my		
	dog.		
I will not chain or tie-up my dog and leave it outside	If, for any reason, I am unable or unwilling to keep this		
alone. My dog will be an indoor dog and an important	dog, I agree to return him/her to Second Chance Habitat.		
member of my family.	I will not give this dog away, take it to a shelter, place		
	him/her with another person or family member, or sell		
	this dog to any other person without the express		
	permission of the Second Chance Habitat.		
I am financially able to provide routine and emergency	I have reviewed my application and certify that		
care for this dog for his/her lifetime. This includes but is	everything is accurate to my knowledge.		
not limited to food, boarding (if necessary), regular vet			
care, heartworm preventative and flea and tick			
preventative.			
I understand that all animals adopted through Second	I understand that ALL Household members, including		
Chance Habitat are required to be spayed/neutered prior to adoption or at 6 months of age if adopted as a puppy. I	children, must be present during the home check evaluation, if one is scheduled.		
understand there are NO EXCEPTIONS, unless the	evaluation, if one is scrieduled.		
sterilization surgery is deemed unsafe for the dog due to an acute or chronic medical condition.			
an acute or chronic medical condition.			
I accept that the Second Chance Habitat adoption coordinators have the right to deny my application for	I agree to allow the Second Chance Habitat Adoption Coordinators to obtain any pertinent information		
any reason. However, a rescue volunteer will notify you	regarding my home situation and care of animals. This		
of the status of your application once a decision is reached about the placement of the dog in question.	includes, but is not limited to, obtaining a vet reference from current/past veterinarians, and doing a home visit		
	and inspection with the applicant and household		
	members.		
Applicant Signature:			
Date:			