



## DOG ADOPTION APPLICATION

FOR SCP USE ONLY: Dog's Current Name _____ Dog's New Name _____	
Description _____	Male / Female SCP Tag _____
SCP DB ID # _____	Microchip # _____
Petco Form to Adopter <input type="checkbox"/> Yes <input type="checkbox"/> No Post-adoption questions/concerns: <a href="mailto:scpdogworld@gmail.com">scpdogworld@gmail.com</a>	

**Second Chance Pets (SCP)** strives to place dogs in compatible homes by matching traits exhibited by the dog with the adopting person(s) home environment and desired dog characteristics. **SCP** may conduct a home visit at its discretion. So that the best interests of the dog are served, **SCP reserves the right to refuse an adoption to anyone.**

To be considered for adopting a dog, you must:

- Provide identification showing present address, if you live in an Apt. you must show proof of the pet deposit and that the dog does not violate the breed/weight restrictions.
- Be willing and able to invest the time and money required to provide proper care for the dog.
- Be prepared to pay an adoption fee of **\$190 or \$245 for puppies**. SCP accepts credit card, cash or check payable to **SCP**.
- Agree to a home visit at SCP's discretion.
- If paying by check and funds are insufficient, the animal can be seized by SCP for non-payment.

Name and breed of dog you are wishing to adopt \_\_\_\_\_

Have you previously applied to or adopted from SCP?  No  Yes Name and breed of dog \_\_\_\_\_

Name: (please print) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary cell #: \_\_\_\_\_ Secondary cell # \_\_\_\_\_ Other phone # \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you employed?  No  Yes Occupation: \_\_\_\_\_ # years with current employer: \_\_\_\_\_

### DOG OR PUPPY ADOPTION INFORMATION:

Do you want a dog for a: *(Mark all that apply)*

- |  |   |                                       |  |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> House pet               | <input type="checkbox"/> Children's pet | <input type="checkbox"/> Hunting dog  | <input type="checkbox"/> Gift for: _____ |
| <input type="checkbox"/> Outside pet             | <input type="checkbox"/> Companion      | <input type="checkbox"/> Fighting dog | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Company for another pet | <input type="checkbox"/> Watch dog      | <input type="checkbox"/> Guard dog    |  |

### RESIDENCE INFORMATION:

Number of adults in household? \_\_\_\_\_ Number of Children? \_\_\_\_\_ Ages of Children? \_\_\_\_\_

Does anyone have known pet allergies? \_\_\_\_\_ Explain: \_\_\_\_\_

Do you  Own  Rent Do you live in a:  House  Condo  Apartment  Townhouse  Trailer Home

Do you have a yard?  No  Yes If yes, is your backyard:  Partially Fenced  Completely Fenced  Open  Pool/Pond

Fence Type:  Wood  Chain Link  Wrought Iron Other: \_\_\_\_\_ Fence Height: \_\_\_\_\_

Do you have poisonous plants in any area where the dog will be kept?  No  Yes  Unknown

If you do not own, do you have the Landlord's/owner's permission to have a pet?  No  Yes

Landlords/owner's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

If a pet deposit is required, has it been paid?  No  Yes. Please provide **proof of payment of pet deposit.**

Have all adults in the household been consulted and do they agree to this adoption?  No  Yes

Will the adoption of this dog comply with your subdivision/apartment regulations?  No  Yes

Are there any breeds not allowed or size limitations? Please Explain: \_\_\_\_\_

**ANIMAL CARE INFORMATION:**

What preparations have you made (or will make) to care for a new dog? \_\_\_\_\_

How long have you considered this decision? \_\_\_\_\_

Who will be responsible for care of this dog? \_\_\_\_\_

Where will this dog be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

How many hours on most days will this dog be left alone? \_\_\_\_\_

Where will this dog be kept when you go on vacation? \_\_\_\_\_

Can you invest the time and effort to allow this dog to adjust to its new home?  No  Yes

How long seems reasonable for this? \_\_\_\_\_

If you had to give up this dog, what will you do with it? \_\_\_\_\_

If this dog were lost, what would you do? \_\_\_\_\_

If this dog required surgery or special care, what do you think you would do? \_\_\_\_\_

How will you keep this dog confined? (Mark all that apply)

- House  Kennel  Fence  Leash
- Chain  Garage  Patio  Crate
- Other: \_\_\_\_\_

If crated or kenneled, how many hours per day? \_\_\_\_\_ What size crate/kennel? \_\_\_\_\_

Is a family member usually at home during the day?  No  Yes Who? \_\_\_\_\_

You will have to house train a new puppy or some adult dogs. Please explain your method of house training?

How often will you exercise this dog? \_\_\_\_\_

Where and how will you exercise this dog? \_\_\_\_\_

How will you transport this dog?  Crate  Bed of Truck  Safety Harness  Other: \_\_\_\_\_

Do you plan to take this dog to training classes, and if yes, what kind? \_\_\_\_\_

How would you prevent heart worms? \_\_\_\_\_

Is the dog(s) you have now (or was the last dog you owned) on a heart worm preventative?  No  Yes

Name of Preventative: \_\_\_\_\_

What do you consider valid reasons for giving up a dog? (**Mark all that apply**)

- Moving     Fleas     Destructive     Grew too big     Digging     Chewing     Unable to house train  
 Too rough with children     Biting     Vet bills     Barking too much     Having a baby  
 Other: \_\_\_\_\_

What will you do if the dog demonstrates the following behaviors?

Digging: \_\_\_\_\_

Chewing: \_\_\_\_\_

Not getting along with other pets: \_\_\_\_\_

Difficulty adjusting to household: \_\_\_\_\_

Other: \_\_\_\_\_

What traits would you consider undesirable? \_\_\_\_\_

How will you discipline this dog? \_\_\_\_\_

Dogs often live **10** years or longer. Are you prepared to assume responsibility for that long?     No     Yes

Are you familiar with the following diseases?     Parvovirus     Distemper     Bordetella

Do you have someone who will care for this dog long term if you are no longer able to do so?     No     Yes

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**List pets which you currently have in your household:**

Name	Pet's Breed/Species (Dog breed or species of pet if not a dog)	Weight	Sex? M/F	Age?	Vaccines Current? Y/N	Spayed or Neutered? Y/N	Where is Pet kept?

**Current Vet's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**List the previous dogs which you have owned:**

Name	Pet's Breed	Kept Where?	Spayed or Neutered? Y/N	Duration Owned?	Age at death if pet is deceased	What happened to the Pet?

How did you hear about SCP or the dog you're adopting?     Publication     Internet     Other \_\_\_\_\_

I certify that all of the information on this Application Form is correct. I understand that the completion of this application does not guarantee approval of the adoption and that Second Chance Pets has the right to decline my application for any reason. By signing this application, I authorize my vet clinic to release medical information about any of my current or previous pets to Second Chance Pets. If the adoption is approved, my signature also authorizes SCP to use photographs of me, my family and the SCP dog I am adopting in printed material or any electronic devices including the internet.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**FOR SCP USE ONLY:**       Adoption Approved       Adoption Denied

**Denial Reason/Comments:** \_\_\_\_\_

Lead Adoption Counselor (LAC): \_\_\_\_\_ Date: \_\_\_\_\_

Adoption Counselor (AC): \_\_\_\_\_ Date: \_\_\_\_\_

LAC Printed Name: \_\_\_\_\_ AC Printed Name: \_\_\_\_\_