



ADOPTION / FOSTER APPLICATION

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

This application is to: Foster _____ Adopt _____ Pet's name _____

Return to: _____

Applicant's Name _____ Home Phone Number _____

Address _____

City/State/Zip _____

Email Address _____

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

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

Employer _____ Employer's phone number _____

List all other living in your home _____

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+ ____

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

Where will the pet be keep 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? _____

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 Rescue or any other shelter? Yes _____
No _____ When? _____ Where? _____

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

Current Pets

Name _____ Breed _____ Age _____

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

Veterinarian/Phone number _____

Name _____ Breed _____ Age _____

Spayed/Neutered Yes _____ No _____ Veterinarian/Phone number _____

Name _____ Breed _____ Age _____

Spayed/Neutered Yes _____ No _____ Veterinarian/Phone number _____

Previous Pets

Name _____ Breed _____

Veterinarian/Phone number _____

What happened to this pet? _____

Name _____ Breed _____

Veterinarian/Phone number _____

What happened to this pet? _____

Name _____ Breed _____

Veterinarian/Phone number _____

What happened to this pet? _____

Personal References

Name _____ Phone Number _____

Relationship _____

Name _____ Phone Number _____

Relationship _____

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.

I have read this document in its entirety and fully understand it. Yes _____ No _____

I certify that the information in this application is true and correct. Second Chance Small Dog Rescue reserves the right to reclaim the pet if any information in your application is found to be false or incomplete. Yes _____ No _____

Signature _____

Date _____

THANK YOU FOR CONSIDERING A RESCUE DOG!