 **Adoption Application**

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

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| **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 interested in this pet? | | | |
| **If you are not selected for this particular dog, do you want Second Chance Habitat to evaluate your application for consideration of other dogs currently with the rescue or future rescue intakes?** | | Age Desired:  Gender preference:  Male  Female  Size:  Small (<25 lbs)  Medium (26-60lbs)    Large (61-100 lbs)  XL (over 100lbs) | | |
| Applicant Name: | | | | |
| Full Address (include city, state, zip): | | | | |
| Home Phone: | | Cell Phone: | | |
| Work Phone: | | Email: | | |
| Workplace/Position: | | | | Length of time on job: |
| Co-Applicant Name: | | | | |
| Home Phone: | | Cell Phone: | | |
| Work Phone: | | Email: | | |
| Workplace/Position: | | | Length of time on job: | |

**Living Conditions**

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| How long have you lived at your current address? | | Do you rent or own? |
| If you rent, do you have permission from your landlord to get a pet? | | Are you aware of any required pet deposits? |
| If you rent, please provide landlord’s name and phone number. | | |
| Do you have a fenced yard? | Type of fence and height? | Approximate size of fenced yard area. |
| 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 fence, are you prepared to walk your dog multiple times daily in spite of weather conditions (cold, hot, rain, snow, etc)? | | |

**Family Life**

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| 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). |
| How many children live in the house? Please include ages and any special needs. | |
| If no children, how often would the dog be in contact with children (visiting family, neighbors, etc)? | |
| If you have children, how will you acclimate the children (and their friends) to the dog? | |
| Does the entire family share interest in adopting a dog? | |
| 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? | |

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| How many hours daily will the dog be alone (without humans)? | Where will the dog stay when you are NOT home? |
| Where will the dog primarily spend time when you are home? | Where will the dog stay at night? |
| 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 training? | Will your dog receive formal obedience 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 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? |
| Please estimate the yearly cost of caring for a dog (food, grooming, training, vet care, day care, boarding, etc). | |
| Would you consider adopting a heartworm positive dog? | |
| What do you know about heartworms? | |
| Please explain your understanding of how a dog contracts 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 *not* be a family member.**

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**Please list current pets:**

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| **Name** | **Breed** | **Age** | **Weight** | **Spayed/Neutered** |
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**Please list any pets that you had within the last 5 years who are no longer with you.**

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| **Pet Name and Type** | **Reason Pet Is No Longer With You** |
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**Vet Information – Please be sure to call your vet to give permission to release information to us for a reference check.**

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| Full name, address, phone number of current vet. |
| **If your vet records are under an alternate name than the primary applicant on the application (spouse, maiden name, ex-spouse, parent, etc.) please list the name or names here. If we cannot obtain vet records based on the information provided, your application will be declined without further notification.** |
| Full name/address/phone of any vets you’ve used in the last 5 years. |

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| **We are receiving many applications from people with more time on their hands due to the impact of Covid-19. If life went "back to normal" tomorrow, how would that impact your ability to train and care for your new dog?** |
| **If life went "back to normal" tomorrow, how many hours on average a day would the dog/puppy be left alone (without humans)?** |
| **Most people during the social distancing of Covid-19 will have more time available to spend with their new rescue dog/puppy. How will you help prepare your new rescue dog/puppy for life without your constant presence after life goes "back to normal"?** |

**Please initial each statement.**

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| I am prepared to make a 10-15 year commitment to a dog. | I will keep my dog on monthly heartworm prevention 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 alone. My dog will be an indoor dog and an important member of my family. | If, for any reason, I am unable or unwilling to keep this dog, I agree to return him/her to Second Chance Habitat. 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 care for this dog for his/her lifetime. This includes but is not limited to food, boarding (if necessary), regular vet care, heartworm preventative and flea and tick preventative. | **I have reviewed my application and certify that everything is accurate to my knowledge.** |
| **I understand that all animals adopted through Second Chance Habitat are required to be spayed/neutered prior to adoption or at 6 months of age if adopted as a puppy. I understand there are NO EXCEPTIONS,** unless the sterilization surgery is deemed unsafe for the dog due to an acute or chronic medical condition**.** | **I understand that ALL Household members, including children, must be present during the home check evaluation, if one is scheduled.** |
| I accept that the Second Chance Habitat adoption coordinators have the right to deny my application for any reason. However, a rescue volunteer will notify you of the status of your application once a decision is reached about the placement of the dog in question. | **I agree to allow the Second Chance Habitat Adoption Coordinators to obtain any pertinent information regarding my home situation and care of animals. This 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: | |