



APPLICATION FOR ADMISSION: SECOND CHANCE FUND, INC

Founded by the Lodi Veterinary Hospital

705 N. Main St. • Lodi, WI 53555 • (608) 592-3232 • (608) 255-4727
info@thesecondchancefund.org – www.thesecondchancefund.org

MISSION STATEMENT: “Working together to give pets in need a Second Chance”

DESCRIPTION: The Second Chance Fund a tax exempt, non profit organization under Section 501 (c)(3). It provides veterinary care to companion animals admitted to the program including animals from humane societies, strays, breed rescue groups, or extreme hardship cases. The animals are restored to health and adopted to a qualified home.

GUIDELINES FOR ADMISSION:

- 1) All animals admitted to the Second Chance Program must be evaluated and an estimate for care costs will be determined. This estimate of cost will include what it takes to get the pet to health, including necessary vaccinations, heartworm check and fecal exam, and surgical sterilization. A spending cap of \$3000 per animal will be enforced.
- 2) Applications for admission to the Second Chance Program will be reviewed by the board members. A vote is taken and majority rules. Notification of admission will be provided within 3 working days upon receiving application.
- 3) All animals must be adoptable once healed! The following conditions are **automatic exclusions:**
 - a) Animals with a history of biting or aggression.
 - b) Feline Leukemia or FIV positive cats.
 - c) FUS or inappropriate urination in cats – unless a surgical correction is identified.
 - d) Human Health Risk = MRSA, MRSI, Leptospirosis, Rabies, etc. – we need to minimize staff exposure to zoonotic diseases.
 - e) Horses or exotic animals that require very specific facilities for foster care.
- 4) If admitted to the Second Chance Program, the animal must be delivered during business hours to:

Lodi Veterinary Hospital
705 N. Main St
Lodi, WI 53555
www.lodivet.com
608-592-3232

- 5) A surrender agreement must be signed and a surrender fee of \$100 must be paid at the time of admission to Lodi Veterinary Hospital. Checks should be written to The Second Chance Fund. A copy of the surrender agreement is available in advance upon request.

Please fill out the following information to the best of your ability.

ORGANIZATION:			
Non-profit?	YES or NO <i>(If yes, please attach a copy of 501c3)</i>		
Contact Person:			
Address:			
City/State:		ZIP Code:	
Phone number (Daytime):			
Email:			

Pet's name: _____	Species: _____	Breed: _____
Age/DOB: _____	Sex/Neuter status: _____	Color: _____

Pertinent medical information/history. Please provide full medical records if available:

Noteworthy characteristics/traits:

Reason for surrender:

Current diet/amount:

Current medications and directions:

VACCINATION RECORDS: *Proof of vaccinations must be provided.*

<u>CANINE</u>	Date Given:	Date Due:	<u>FELINE</u>	Date Given:	Date Due:
Rabies:	_____	_____	Rabies:	_____	_____
DHPP:	_____	_____	FDRC:	_____	_____
Lepto:	_____	_____	FeLuk:	_____	_____
Lyme:	_____	_____	FIV:	_____	_____
Bordetella:	_____	_____	FeLuk/ FIV test:	_____	Results: _____
SNAP 4Dx:	_____	Results: _____			

FECAL/DEWORMING:

Fecal Exam – Date Performed: _____ Results: _____

Deworming: _____

PREVENTATIVES:

Flea/Tick control used? YES or NO

Product: _____ Date Applied: _____

Heartworm Preventative used? YES or NO

Product: _____ Date Applied: _____

Medical Care Plan (estimate) for care and follow-up visits: \$ _____

Please attach a copy to the application.

Additional information supporting your request for admission:

Thank you for your interest in the Second Chance Fund.