



# The Second Chance Fund ADOPTION APPLICATION

*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

Animal Name: \_\_\_\_\_

Date: \_\_\_\_\_

*The Second Chance Fund, founded by the Lodi Veterinary Hospital, helps to support the work of doctors and staff to enable them to offer needed veterinary services for Humane Society animals, injured stray animals with no owners, animals in breed rescue groups, and extreme hardship cases.*

### **In order to be considered for an adoption you must:**

- Be at least 18 years of age.
- Have formal identification.
- If you do not own your own home, proof of landlord approval will be needed.
- Current pets must be spayed/neutered and current on vaccinations/heartworm preventative.
- If you are adopting an animal that has not yet been spayed or neutered you will be required to do so. This is included in the cost of the adoption.
- Understand that The Second Chance Fund has the right to accept or deny any application.
- If you feel this animal is not a good fit for your home, you have 2 weeks from the adoption date to return the animal to the Second Chance Fund.

## **Personal Information:**

Applicant(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Veterinarian Reference: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Personal Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Household Information:

Do you live in a: House  Apartment  Mobile Home  Farm  Duplex

Length at residence: \_\_\_\_\_

Own  Rent

If you are renting, are pets allowed? Yes  No

Landlords name or contact information: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

If you are renting and have lived at your current address for less than a year, please list your previous landlord's information:

Previous Landlord (s) name or contact information: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

How many people are in your household? Adults: \_\_\_\_\_ Children (12 and under): \_\_\_\_\_

Has everyone in the household agreed to this adoption? Yes  No

Who will be the primary care taker of this animal? \_\_\_\_\_

Will this animal live: Indoors  Outdoors  Both

Percent of time this animal will be: Indoors: \_\_\_\_\_ Outdoors: \_\_\_\_\_

Is your yard: Small  Large  No fence  Fence  Electric fence

Do you have a pool? Yes  No  If yes, is it secured? Yes  No

Do you have an outdoor run or kennel? Yes  No

If you do not have a fenced in yard, how will you contain the animal outside?

Will there be someone with your animal during the day? Yes  No

What is the most amount of time that this animal will spend alone: Hours: \_\_\_\_\_

Where will the animal spend this time?

Crate  Indoors  Outdoors  Garage  Basement  Outdoor run

Do you plan to travel with your animal? Yes  No

If not where will the animal stay in your absence?

Family/friend  Kenneled  In-house pet sitting

## General Information:

Have you or any member of your household ever surrendered an animal? Yes  No

If yes, please explain the circumstances: \_\_\_\_\_

Where did you surrender the animal(s)? \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Have you ever adopted an animal from a humane society or rescue group before: Yes  No

If yes, please list the Name of shelter/rescue and a contact name:

Contact: \_\_\_\_\_ Phone number: (\_\_\_\_)\_\_\_\_\_

Are you able to financially care for an animal by providing it with yearly vet care, heartworm/flea/tick preventatives, vaccinations and food: Yes  No

How much do you think this animal will cost per year (please include food, heartworm/flea & tick preventative, medical/dental care, supplies, grooming, boarding and toy costs): \$\_\_\_\_\_

If your animal becomes seriously ill, would you be able to care for it financially?: Yes  No

If this animal at some point needs behavioral training, are you willing to work with and for your pet to the best of your ability, to correct or treat the concern?: Yes  No

What are your plans for adjusting the new animal to your home, current pets and family, especially young children? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you able to supervise the interaction between your new animal and children at all times, until you are able to trust the animal and children alone together? Yes  No

## Pet History & Information:

Do you currently own other pets? Yes  No  Total number of animals: \_\_\_\_\_

Below, please list the animals you have lived with in the past five years, including current pets. You may attach an additional sheet if needed.

**Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

Length of ownership: \_\_\_\_\_ How did you acquire this animal? \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male  Female  Neutered/spayed: Yes  No

Is this animal deceased: Yes  No

If so, please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

Was or is this animal kept: Indoors  Outdoors

Was or is this animal on flea & tick preventative: Yes  No

Was or is this animal on a heartworm preventative: Yes  No

Was or is this animal current on vaccinations (*your veterinarian will be called*): Yes  No

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I/we understand that if the animal is having trouble adjusting to my home I will contact the officers of the Second Chance Fund for advice. I/we also understand that once this animal is placed with me/us for adoption, I/we are responsible for any property damage or bites caused by this animal.

I/we certify that the information given on this application is true and correct. I/we understand that omission of information and/or failure to answer all questions will result in denial of my application. I/we give the Second Chance Fund and its officer's permission to fully investigate the information provided including contacting my veterinarian and landlord(s), and personal references. I/we also authorize my veterinarian to release any information requested by the Second Chance Fund.

In addition I/we understand that the adoption decision is dependant on many factors, but understand that it is the Second Chance Officers that will determine which home is most appropriate and that their decision is final, and therefore I/we will not dispute it.

**Adopting an animal is a lifetime commitment and should not be taken lightly.**

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of co-applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Second Chance Officer Use Only***

Date application Received: \_\_\_\_\_

SCF officer assigned to do background check: \_\_\_\_\_

Applicant approved or denied? \_\_\_\_\_

Approved with conditions: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

\_\_\_\_\_