



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: (_____) _____

Personal Reference: _____

Relationship: _____ Phone: (_____) _____

Personal Reference: _____

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

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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Age: _____ Sex: Male Female Neutered/spayed: 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: _____
