



P.O. Box 1224
Crowley, LA 70527
secondchancepaws@yahoo.com

Dog Adoption/Foster Application Must be at least 18 to adopt/foster. Date _____

PLEASE COMPLETE ALL INFORMATION to ensure that this adoption is in the best interest of everyone

We do not operate on a first come-first serve basis, but rather strive to make the best match between the dog and the adopter. We have the benefit of having spent time with the dogs in our homes so we better understand its needs and can determine the home that would be best for that particular dog.

What is the name of the specific pet in our care that you are interested in? _____

Please tell us why you want to adopt a pet? _____

Contact and Personal Information

Applicants Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip _____ Cell Phone _____

E-Mail Address (s) _____

Co-Applicants Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip _____ Cell Phone _____

E-Mail Address (s) _____

LOCAL Personal References: (if possible please list one relative not living with you)

1) Name _____ Phone _____ Relationship _____

2) Name _____ Phone _____ Relationship _____

Please list below all the people your dog will be living with (including yourself):

Name	Age	Relationship to prospective adopter	
_____	_____	_____	<u>APPLICANT</u>
_____	_____	_____	
_____	_____	_____	

I am adopting this dog for (check all that apply): myself ___ spouse ___ children ___ gift ___ other _____ (please explain)

Did your entire family agree on the adoption/foster and care of this dog? Yes ___ No ___

Have you ever: sold ___ given away ___ surrendered a pet ___?

If yes please explain why: _____

Have you ever had an application declined for adoption from an animal welfare group/animal control facility? Yes ___ No ___ If yes please explain why: _____

Have you, or any member of your family/household been cited for leash law violations or cruelty to animals in the past?

Yes ___ No ___ If yes please specify and explain _____

Are you willing to have a home check prior to the approval of this application or after adoption? _____

Please list the following for all current pets:

Name of pet	(Dog, cat, etc?)	Breed	Spayed/Neutered?	M/F	Owned for how long?	Kept inside/outside?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please list all the pets you have owned in the Past, starting with the most recent ones:

Name of pet	(Dog, cat, etc?)	Breed	M/F	Owned for how long?	Why pet is no longer with you?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please provide the Clinic name, address and phone # of your current vet/ past pets vet. In no past pets the vet you plan to use for the pup you are wanting to adopt. They will be contacted to verify information. All highlighted questions must be answered.

Name on account/pets name _____

Are all your current dogs up to date on their vaccinations? _____

What do you know about heartworms? _____

Are/were all your dogs given monthly heartworm preventative? Yes _____ No _____ Will be verified by vet _____

If so, please indicate the brand(s) of heartworm preventative _____

Where do/did you purchase your heartworm preventative? Vet office _____ Online _____ Other/Where _____

Do you plan to keep your new pet on heartworm preventative? Yes _____ No _____

Do you live in (select one): House ___ Apartment ___ Condo/Townhome ___ Mobile Home ___ Other ___

Do you: Own ___ Rent/Lease ___ (Please provide landlord's information if rent/lease)

Landlord's Name/Complex _____ Phone # _____

Do you have permission of your landlord to have a pet? Yes ___ No ___ If so, up to what size? ___ lbs

What will happen to your pet if you move unexpectedly? _____

What will happen to your pet when you go on vacation or in case of an emergency? _____

What would you do if the pet becomes very ill? Seek medical care ___ Nothing ___ Euthanize ___

How many hours during the average day will your dog be without a human? _____

Do you want this dog to be (select one): Inside only ___ Outside only ___ Both ___

Where will this dog be kept during the day? _____

Night? _____ When you're not home? _____

If kept outside how will it be contained? Fence ___ tether ___ chain ___ electric fence ___ roam free ___

Do you have a fenced-in back yard? Yes ___ No ___

If you are adopting a large dog consider if your fence is tall enough (6 ft).

Does your gate have a lock? Yes ___ No ___ If not could one be put on? _____

(Gates should always be locked so the dog cannot be let loose by neighborhood kids or utility service people.)

If the yard is not fenced who will exercise/ walk the dog and how often will you take the dog out? _____

What kind of behavior do you find unacceptable? _____

If the dog has problems with behavior what will you do about it? _____

I/we attest that the information provided on this application is true and accurate to the best of my/our knowledge. I/we also understand that completion and submission of this pre-adoption questionnaire does not guarantee adoption of a pet. I hereby permit Second Chance Paws to contact my Veterinarian(s) and Landlord if applicable. ***If any of the above information cannot be verified I agree to return the animal to Second Chance Paws upon request.***

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____

WE RESERVE THE RIGHT TO REFUSE AN ADOPTION!

Thank you for completing the Dog Adoption Application. Please return it to an adoption counselor so that we may review it with you. The entire adoption procedure usually takes about a week.

~~~~~ ADOPTION STAFF ONLY ~~~~~

Adopter's Driver's License # \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Results (select one) A \_\_\_ D \_\_\_ Staff: \_\_\_\_\_ Date \_\_\_\_\_

Vet check \_\_\_\_\_ Current pets on preventative,UTD/brand \_\_\_\_\_ Appt for new pet \_\_\_\_\_