SECOND CHANCE ANIMAL ADOPTION

P.O. Box 1925, Bonners Ferry, ID 83805 Shelter: 208-267-7504

Application for Canine Adoption

Second Chance Animal Adoption, Inc. is an independent Shelter and adoption agency governed by a Board of Directors. Adoptions are reviewed by a shelter committee who make an adoption selection based on the Policies and Procedures of Second Chance Animal Adoption, Inc. I understand that filling out an application does not guarantee adoption of the pet I have selected. Your application will be submitted, references checked and if selected will receive a phone call from the Shelter Manager for a meet and greet. Thank you for your interest.

Please put your initial on the line to show that yo	ou have read t	he above statement		
Dog's Name	Sex:	Age		
Applicant's Name:		ges of children:		
Address:	_ City & State:		Zip:	
Address where pet will reside if different from above:				
Address:	_ City & State:		Zip:	
Home phone: Work phone	ne:	Cell:		
e-mail address:				
Driver's License #:	A	re you over 18 years old?	Yes	No
Do you own a home? Yes No	Rent a h	ome? Yes No		
If you rent, please describe landlord's animal policy:				
If you rent, do you have permission from your landlord to	keep a pet in yo	our home?	Yes	No
Landlord's Name:		Phone:		
Do you have other pets or do you have livestock or chicke	ens?		Yes	No
If yes, how many and what type (please include farm anim	mals). Are they fe	enced or free roaming?		
Are your pets spayed/neutered? Yes No		If no	ot, please ex	xplain why:

Vet's name:		City:		_Phone :	
Where will your new pet	spend most of its time?				
Inside your home	Outside with shelter	Both	Other		
If Other, please explain:					
Where pet will sleep at n	ight?				
How many hours per day	will your pet be alone?				
How do you plan to confi	ine your new pet on your pr	operty?			
Stay in the	house Kennel	Cra	ate		
Garage	Patio Area	Tie	e-Out Chain		
Fencing					
Height of	fence: T	ype of fence	2 :		
What type of shelter will	you provide outside for you	r new pet?			
What are your plans for t	to a shelter, given away or so	nger provide	e a home?		
	g in your home want a new p				
Please answer "Yes" or " Are you planning to r	No" to the following questio	ons:			
Does anyone in your					
•	me allergic to dogs or cats?				
I/we live in a					
Single family	home				
Apartment					
Duplex					
Condo					
Trailer					

Des	cribe y	vard/acreage
		Yard, fenced with a vertical fence
		Yard, fenced with invisible fencing
		Yard, no fence
		No yard (apartment/condo/townhome)
Wh	at activ	vity/energy level do you prefer?
		Wild and crazy is good
		Leash trained daily walking or jogging partner would be excellent
		Medium energy, play a bit then hangs out with you
		Other – Please describe:
Plea	se che	eck all that apply. My adopted dog will
		Be kept outside most of the time
		Be kept inside most of the time
		Be left outside during the work day while we are away
		Be kept inside while we are away
		Be crated when we are not home
		Have free reign of the house when we are not home
		Be taken to formal obedience classes
		Take frequent car rides
		Be kept on a lead line/cable in the yard
		Be mostly interacting with adults
		Be interacting with children under 8
		Be interacting frequently with older children
		Must be housebroken prior to adoption
		Will be housebroken by us
		Will be walked more than a mile per day every day
		Will be walked occasionally
		Be attending agility classes
		Be boarded when we go on vacation
		Stay with family when we go on vacation
Му	reasor	ns for wanting to adopt a dog
		As a family pet
		To breed with my dog
		To train/use for agility
		As a companion for my dog(s)
		As a companion for my cat(s)
		As a companion for my child/children
		As a gift for a friend, partner, or family member
		As a walking/running companion

		As a hiking companion
		As a livestock guardian
		As a property guardian
		As a watch dog/security
		As a hunting partner
		As a in home companion
		As a service or therapy dog
		As a travel companion
		Other – Please describe:
Con	dition(s) that would cause me to return my adopted pet
		Barking
		Rough play with my dog
		High activity level
		Food/toy aggression/not willing to share with other dogs
		Food/toy aggression with people
		Whining/crying
		Counter surfing
		Blindness
		Limited sight
		Deafness
		Separation Anxiety
		Diabetes
		Incontinence/Leaking urine
		Gets stressed/carsick with riding in vehicles
		Can't climb stairs due to age/arthritis/health issues
		Heart condition
		Skin allergies
		Food allergies
Plea	ase des	cribe how I house train dogs:
Plea	ase des	cribe how I discipline dogs:

Please I	list 3 references	•				
Name:				Phone:		
Name:				Phone:		
Name:				Phone:		
Please i	indicate how yo	ou first learned about	this pet?			
	BF Herald	Posters/fliers	Thrift Store			
	Petfinder	Nickelsworth	Referral			
	Other					
SIGNATI	Adopt	ion is a 10-20 year co	ommitment; please	e the adoption of any partic seriously consider this prior		
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STAFF U	Adopti URE: JSE ONLY	ion is a 10-20 year co	ommitment; please	seriously consider this prior	to adoption.	

Applications can be turned into Second Chance via: Mailing: PO Box 1925 Bonners Ferry, Idaho 83805 Email: secondchanceanimaladoptionid@gmail.com In Person: 6651 Lincoln Street, Bonners Ferry, ID