



## DOG APPLICATION/CONTRACT

ADOPT    FOSTER-TO-ADOPT   \_\_\_\_\_ FINAL ADOPTION DATE

**FOR SCP USE ONLY:** Dog's Name \_\_\_\_\_ New Name \_\_\_\_\_

Breed/Description \_\_\_\_\_ SCP Database ID # \_\_\_\_\_

SCP Tag # \_\_\_\_\_ Est. Date of Birth \_\_\_\_\_ Petco Form to Adopter  Yes  No

Microchip Sticker \_\_\_\_\_

**Second Chance Pets (SCP)** strives to place dogs in compatible homes by matching traits exhibited by the dog with the adopting person(s) home environment and desired dog characteristics. **SCP** may conduct a home visit at its discretion. So that the best interests of the dog are served, **SCP reserves the right to refuse an adoption to anyone.**

To be considered for adopting a dog, you must:

- Be 25 years of age or older and have identification showing present address, if you live in an Apt. you must show proof of the pet deposit and that the dog does not violate the breed/weight restrictions.
- Be willing and able to invest the time and money required to provide proper care for the dog.
- Be prepared to pay an adoption fee of **\$175.00 - \$500.00** (credit, cash or check payable to **SCP**)
- If paying by check and funds are insufficient, the animal can be seized by SCP for non-payment.

Have you previously applied to or adopted from SCP?  No  Yes Name and breed of dog \_\_\_\_\_

Name of Person Applying to Adopt: (please print) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Applicant between 25 and 75 years old?  No  Yes

Name of Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Name of Spouse: (please print) \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

### **DOG OR PUPPY ADOPTION INFORMATION:**

Do you want a dog for a: *(Mark all that apply)*

- |  |   |                                       |  |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> House pet               | <input type="checkbox"/> Children's pet | <input type="checkbox"/> Hunting dog  | <input type="checkbox"/> Gift for: _____ |
| <input type="checkbox"/> Outside pet             | <input type="checkbox"/> Companion      | <input type="checkbox"/> Fighting dog | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Company for another pet | <input type="checkbox"/> Watch dog      | <input type="checkbox"/> Guard dog    |  |

### **RESIDENCE INFORMATION:**

Number of adults in household? \_\_\_\_\_ Number of Children? \_\_\_\_\_ Ages of Children? \_\_\_\_\_

Does anyone have known pet allergies? \_\_\_\_\_ Explain: \_\_\_\_\_

Do you  Own  Rent Do you live in a:  House  Condo  Apartment  Townhouse  Trailer Home

Do you have a yard?  No  Yes If yes:  Partially Fenced  Completely Fenced  Open  Pool/Pond

Do you have poisonous plants in any area where the dog will be kept?  No  Yes

Fence Type:  Wood  Chain Link  Wrought Iron Other: \_\_\_\_\_ Fence Height: \_\_\_\_\_

If you do not own, do you have the Landlord's/owner's permission to have a pet?  No  Yes

Landlords/owner's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

If a pet deposit is required, has it been paid?  No  Yes. Please provide **proof of payment of pet deposit.**

Have all adults in the household been consulted and do they agree to this adoption?  No  Yes

Will the adoption of this dog comply with your subdivision/apartment regulations?  No  Yes

Are there any breeds not allowed or size limitations? Please Explain: \_\_\_\_\_

**ANIMAL CARE INFORMATION:**

What preparations have you made (or will make) to care for a new dog? \_\_\_\_\_

How long have you considered this decision? \_\_\_\_\_

Who will be responsible for care of this dog? \_\_\_\_\_

Where will this dog be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

How many hours on most days will this dog be left alone? \_\_\_\_\_

Where will this dog be kept when you go on vacation? \_\_\_\_\_

Can you invest the time and effort to allow this dog to adjust to its new home?  No  Yes

How long seems reasonable for this? \_\_\_\_\_

If you had to give up this dog, what will you do with it? \_\_\_\_\_

If this dog were lost, what would you do? \_\_\_\_\_

If this dog required surgery or special care, what do you think you would do? \_\_\_\_\_

**How will you keep this dog confined? (Mark all that apply)**

- House  Kennel  Fence  Leash
- Chain  Garage  Patio  Crate
- Other: \_\_\_\_\_

If crated or kenneled, how many hours per day? \_\_\_\_\_ What size crate/kennel? \_\_\_\_\_

Is a family member usually at home during the day?  No  Yes Who? \_\_\_\_\_

You will have to house train a new puppy or some adult dogs. Please explain your method of house training?

How often will you exercise this dog? \_\_\_\_\_

Where and how will you exercise this dog? \_\_\_\_\_

How will you transport this dog?  Crate  Bed of Truck  Safety Harness  Other: \_\_\_\_\_

Do you plan to take this dog to training classes, and if yes, what kind? \_\_\_\_\_

How would you prevent heart worms? \_\_\_\_\_

Is the dog(s) you have now (or was the last dog you owned) on a heart worm preventative?  No  Yes

Name of Preventative: \_\_\_\_\_

**What do you consider valid reasons for giving up a dog? (Mark all that apply)**

- Moving  Fleas  Destructive  Grew too big  Digging  Chewing  Unable to house train
- Too rough with children  Biting  Vet bills  Barking too much  Having a baby
- Other: \_\_\_\_\_

What will you do if the dog demonstrates the following behaviors?

Digging: \_\_\_\_\_

Chewing: \_\_\_\_\_

Not getting along with other pets: \_\_\_\_\_

Difficulty adjusting to household: \_\_\_\_\_

Other: \_\_\_\_\_

What traits would you consider undesirable? \_\_\_\_\_

How will you discipline this dog? \_\_\_\_\_

Dogs often live **10** years or longer. Are you prepared to assume responsibility for that long?  No  Yes

Are you familiar with the following diseases?  Parvovirus  Distemper  Bordetella

**List pets which you currently have in your household:**

Name	Pet's Breed/Species (Dog breed or species of pet if not a dog)	Weight	Sex? M/F	Age?	Vaccines Current? Y/N	Spayed or Neutered? Y/N	Where is Pet kept?

**Current Vet's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**List the previous dogs which you have owned:**

Name	Pet's Breed	Kept Where?	Spayed or Neutered? Y/N	Duration Owned?	Age at death if pet is deceased	What happened to the Pet?

How did you hear about SCP or the dog you're adopting?  Publication  Internet  Other \_\_\_\_\_

**[For SCP use - Place check here:]**

**DOG ADOPTION CONTRACT - Dog's Name \_\_\_\_\_ DB# \_\_\_\_\_**

**Please INITIAL each statement indicating your concurrence.**

\_\_\_\_ I understand that I am adopting a stray or abandoned animal and therefore, Second Chance Pets cannot guarantee the health, temperament, breed, age or adult size of the pet.

\_\_\_\_ I agree that I will never sell, give away or relinquish this dog without notifying SCP and giving SCP the potential opportunity to reclaim the dog. If I am no longer able to care for the pet, I understand that it may be possible to arrange to relinquish it upon approval by SCP. A 2-week advance notice and temperament test is required in order to determine if the dog can be accepted back into the SCP program. Pets may not be returned to mobile adoptions without advance agreement. Second Chance Pets does not operate a shelter and must have time to arrange a foster home. I must notify SCP at [pets2adopt@yahoo.com](mailto:pets2adopt@yahoo.com).

\_\_\_\_ I accept possession and responsibility for the animal identified and hereby release, indemnify and hold harmless Second Chance Pets from liability of injury, illness or damages to persons, animals, or property caused in the future by this animal.

\_\_\_\_ I agree to provide quality food, fresh water, shelter, humane treatment, and veterinary care, including annual vaccinations and heartworm preventative for the life of the animal.

\_\_\_\_ I agree that SCP representative(s) can visit my home to insure the well-being of the dog with or without prior notice.

\_\_\_\_ I agree to comply with state and local ordinances concerning pet licensing and vaccinations.

\_\_\_\_ I accept responsibility for all future veterinary care, required by this animal, other than the specific services agreed upon that follow. SCP agrees to pay for the following specific veterinary care at SCP authorized veterinarians as a condition to this Adoption Contract: \_\_\_\_\_

**\_\_\_\_ I understand that Second Chance Pets and state and local laws requires that if the dog has not been altered, that this is a condition of adoption. Surgery will be scheduled by Second Chance Pets and Second Chance Pets will make the payment for the surgery. If I do not have the dog spayed or neutered in a timely manner, I must return the dog to Second Chance Pets and Second Chance Pets has the absolute right to reclaim the dog and I will have no further claim to ownership of the dog.**

\_\_\_\_ I understand that Second Chance Pets has the right to reclaim the dog if veterinary care and/or spay/neuter are not completed to the satisfaction of Second Chance Pets. I acknowledge and agree that should this occur I will have no further claim to ownership of the dog. The dog can be reclaimed by SCP if SCP determines in its absolute discretion that the dog is not safe or is not being cared for properly.

\_\_\_\_ I understand that Second Chance Pets has the right to reclaim the dog and I acknowledge and agree that should this occur I will have no further claim to ownership of the dog if any portion of the application form is found to be false or any portion of this agreement is not upheld.

I certify that all the information on this Application Form is correct. My signature below authorizes SCP to use photographs of me, my family and my dog(s) in printed material or any electronic devices including the internet and I authorize SCP to contact my vet and obtain information about my pets.

Signature of New Owner(s): \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of Adoption Fee: \_\_\_\_\_ Paid? Yes \_\_\_ No \_\_\_ Cash: \_\_\_ Check #: \_\_\_\_\_ CC # \_\_\_\_\_

TX Driver's License # \_\_\_\_\_ Type of CC \_\_\_\_\_ Name on CC \_\_\_\_\_

Donation to Help Other SCP Animals \_\_\_\_\_

<b>FOR SCP USE ONLY:</b>		<input type="checkbox"/> Adoption Approved	<input type="checkbox"/> Adoption Denied
<b>Reason for denial of this adoption:</b> _____			
Comments: _____			
Lead Adoption Counselor (LAC): _____		Date: _____	
Adoption Counselor (AC): _____		Date: _____	
LAC Printed Name _____		AC Printed Name _____	