



DOG ADOPTION APPLICATION

FOR SCP USE ONLY: Dog's Current Name _____ Dog's New Name _____	
Description _____	Male / Female SCP Tag _____
SCP DB ID # _____	Microchip # _____
Petco Form to Adopter <input type="checkbox"/> Yes <input type="checkbox"/> No Post-adoption questions/concerns: scpdogworld@gmail.com	

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:

- Provide 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 **\$190 or \$245 for puppies** which includes State of Texas sales tax. SCP accepts credit card, cash or check payable to **SCP**.
- Agree to a home visit at SCP's discretion.
- If paying by check and funds are insufficient, the animal can be seized by SCP for non-payment.

Name and breed of dog you are wishing to adopt _____

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

Name: (please print) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary cell #: _____ Secondary cell # _____ Other phone # _____

E-mail: _____ Date of Birth: _____

Are you employed? No Yes Occupation: _____ # years with current employer: _____

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, is your backyard: Partially Fenced Completely Fenced Open Pool/Pond

Fence Type: Wood Chain Link Wrought Iron Other: _____ Fence Height: _____

(Residence Information Continued)

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

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)

- | | | | |
|---------------------------------------|---------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> House | <input type="checkbox"/> Kennel | <input type="checkbox"/> Fence | <input type="checkbox"/> Leash |
| <input type="checkbox"/> Chain | <input type="checkbox"/> Garage | <input type="checkbox"/> Patio | <input type="checkbox"/> Crate |
| <input type="checkbox"/> 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

Do you have someone who will care for this dog long term if you are no longer able to do so? No Yes

Name: _____ Relationship: _____

Phone: _____ Email: _____

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 _____

I certify that all of the information on this Application Form is correct. I understand that the completion of this application does not guarantee approval of the adoption and that Second Chance Pets has the right to decline my application for any reason. By signing this application, I authorize my vet clinic to release medical information about any of my current or previous pets to Second Chance Pets. If the adoption is approved, my signature also authorizes SCP to use photographs of me, my family and the SCP dog I am adopting in printed material or any electronic devices including the internet.

Signature of Applicant: _____ Date: _____

Printed Name: _____

FOR SCP USE ONLY: Adoption Approved Adoption Denied

Denial Reason/Comments: _____

Lead Adoption Counselor (LAC): _____ Date: _____

Adoption Counselor (AC): _____ Date: _____

LAC Printed Name: _____ AC Printed Name: _____