



ADOPTION QUESTIONNAIRE

Name of Animal You Wish to Adopt:	
Date:	
Name:	Email:
Address:	
Phone Number:	Preferred Contact Method:
Date of Birth:	
Veterinarian's Name:	Phone #:

List all animals in your household:

Name	Breed	Age	Sex	Current on Vaccines	Spayed/Neutered	Inside/Outside Pet	Years Owned
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_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Are they on heartworm preventative? _____

Do they get along with other animals? ____ Yes ____ No

If No, please explain _____

Where will the dog/cat be housed? _____

What training methods will you use to discourage unwanted behavior and encourage good behavior?

At your current address, do you:

____ Own ____ Rent If renting, Landlord/Association Contact: _____

Do you have a fenced-in yard? ____ Yes ____ No.

If yes, what type and how high? _____

Do you live in?

____ Home ____ Apt ____ Condo ____ Other



Are you willing to allow Second Chances to do a home visit? Yes No

Who else lives in your household (include ages of children)

Is anyone in the household allergic to animals? _____

Who will be primarily responsible for this animal? _____

Are you: Home all day part time Away 7-10 hours

In your absences, who will care for this animal? _____

If no current animals listed above what is your experience in owning a pet?

First time Some knowledge Very experienced

What is the reason for adopting this animal?

Companion Companion for another pet Family Pet Childs Pet Gift

Other _____

What are you hoping to get out of adopting this pet?

If this animal is a dog are you willing to take it to an obedience class? Yes No

If this animal is a cat, how would you handle the need for it to scratch?

Nail Trimming Scratching Post Declaw Unsure

Other _____

See Next Page



Please Read and Sign

I hereby release to Second Chances Animal Rescue, all veterinary records of all the animals I have had, past and present. I certify that all the information in this application is true and I understand that false and/or inconsistent information may void the application. I understand that failure to comply with future requirements such as spaying/neutering could result in my inability to adopt other animals from Second Chances Animal Rescue. I also understand that Second Chances Animal Rescue has the right to deny any adoption for any reason.

Print Name: _____

Signature: _____

Date: _____