



P.O. Box 1188

Carrollton, GA 30112

Canine Adoption Application

Dog's Name/Description: _____

Date: _____

Adopter Information

Adopter's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Phone number: _____

Do you own or rent: _____ If you rent, are dogs allowed: _____

Landlord's Name/Telephone Number:

Do you have children: ____ yes ____ no

If yes, what are their ages: _____

Do you have a yard: ____ yes ____ no

Is the yard completely fenced: ____ yes ____ no

Veterinarian's Name/Telephone Number:

Three Reference's Name/Relationship/Telephone Number:

Pet History

Other pets you currently own: _____

Are your other pets:

____ Spayed/Neutered ____ Indoor pets
____ Current on vaccines ____ Outdoor pets

Please provide a brief history of pets you have owned (names, how long owned and cause of death):

New Pet Information

My new dog will be: ____ house pet ____ outdoor pet ____ both

My new dog needs to get along with: ____ other dogs ____ cats
____ kids

Who will be taking care of the dog: _____

How will the dog receive exercise: _____

How long will the dog be alone during the day: _____

Where will the dog be kept during the day:

Loose indoors Basement Garage
 Fenced yard Kennel Loose outdoors
 Tied outside Other: _____

Where will the dog be kept at night:

Loose indoors Basement Garage
 Fenced yard Kennel Loose outdoors
 Tied outside Other: _____

Is shedding a problem: yes no

Other

Would you allow a home check? yes no

What comments would you like to add?

Please read and sign the below

I/we hereby give permission for my veterinarian (identified on this application) to release to Second Chance Animal Shelter all information concerning my veterinary care of my current or past pets.

SIGNATURE OF APPLICANT

DATE

I/we hereby give Second Chance Animal Shelter permission to contact my landlord/ association to verify that pets are allowed at my place of residence (identified on this application).

SIGNATURE OF APPLICANT

DATE

I certify that the information I provided in this application is true and correct. I authorize Second Chance Animal Shelter to contact any and all references to verify the information that I have provided. I am at least 18 years of age. This dog will reside in my home as a pet. I will provide it with adequate food, water, shelter, training, affection, and medical care. I understand that it is my responsibility to see and evaluate the dog for myself before agreeing to adopt it. I will not relinquish ownership, abandon, or dispose of such a dog in any way. If I cannot keep it, I will relinquish the dog over to Second Chance Animal Shelter, and acknowledge there will be no refund. I am in full agreement with these terms of adoption. I acknowledge that any misrepresentation may result in removal of the adopted dog from me by Second Chance Animal Shelter.

SIGNATURE OF APPLICANT

DATE

We again thank you for your interest and support of Second Chance Animal Shelter.