



Second Chance Pups
P.O. Box 6092
Lincoln, NE 68506

Rev 07/17

Please complete this form and present to your Second Chance Pups representative at info@secondchancepups.com or mail to above post office box. Providing false information on this form will result in an automatic denial and rejection of application.

***IMPORTANT MESSAGE FOR DCS/NSP EMPLOYEE'S:** All requests for information pertaining to dog availability or the Dog Program must be directed to our email address: info@secondchancepups.com or our post office box. Contacting an inmate handler for information or disclosing your intent to adopt will result in immediate nullification of your adoption request and/or adoption contract.

Name _____ Spouse/significant other _____ Birthdate _____

Address _____ City _____ State _____ Zip Code _____

Home#: _____ Cell#: _____ Work#: _____

Email Address _____

PLEASE DESCRIBE YOUR LIVING/FAMILY SITUATION:

Own Home _____ Rent Home _____ Apartment _____ Condo _____ Townhouse _____ Mobile Home _____
Live with parents/or share home _____ HOW LONG: _____ Years _____ Months

If renting or leasing, does your Association or Landlord allow dogs? _____ Yes _____ No
Name and contact number for Association and/or Landlord _____

The yard is: _____ No Yard _____ Completely fenced in _____ Partially fenced _____ Invisible fence _____ No fence
The fence is: _____ Chain link/Cyclone _____ Privacy (wood or other material at least 6 ft high)

If no fence, would you be willing to install a physical or electronic fence? (Specify which) _____
If no fence, how do you plan on keeping your dog contained in the yard?

How many people live in your household : _____ Adults _____ Children _____ Ages _____ Infants

Is everyone in your home in agreement with regard to adopting a dog? _____ Yes _____ No

Does anyone in your home have medical or allergy conditions? _____ Yes _____ No
IF YES, PLEASE DESCRIBE:

Who will be the primary caretaker of your adopted dog? _____

Who will be responsible for caring for the dog in your absence? _____

Please describe your ideal pet? Be specific _____

ABOUT YOUR CURRENT PETS:

Please provide information on animals currently living in your home:

PET NAME	TYPE/BREED	AGE	SPAYED OR NEUTERED	CURRENT W/VACCINES	HEARTWORM PREVENTATIVE	DOES PET LIVE INSIDE/OUTSIDE

ABOUT YOUR PAST PETS:

Please provide information about the pets you have owned in the past 10 years:

PET NAME TYPE/BREED AGE HOW LONG DID YOU WHY IS PET NO LONGER WITH YOU
HAVE PET?

Were the above pets vetted as required by your vet? ____Yes ____No

Have you ever relinquished a pet to a shelter or another person? ____Yes ____No

IF YES, WHY? _____

CURRENT/PREVIOUS VET INFORMATION:

Please provide names & phone numbers of veterinarians that you have used for all pets alive or recently deceased. If we cannot verify the veterinary history of the animals currently in your home, your application will be automatically denied. Please call the vets you list to give permission for release of information or this may delay our processing your application.

PET NAME	VET NAME	VET PHONE #	CITY LOCATION OF VET

Do you give your permission for our representative to call your vet(s) to obtain pet history? ____Yes ____No

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE CARE OF YOUR ADOPTED DOG:

Where will this dog be routinely living ____ Inside ____ Outside ____ Other, describe: _____

How many hours a day/night will the dog be left alone? Approximately: _____

How much time will this dog spend outside on a regular basis? _____

Where will the dog stay or be kept when you are not at home? _____

How do you plan on exercising your dog? _____

Do you plan on enrolling your dog in further obedience classes? ____Yes ____No

Have you ever worked with a trainer in the past? If yes, who? _____

If no, what are your plans for maintaining or improving on the dogs training? _____

Rescue dogs require time to adjust to their new environment. What amount of time do you consider to be reasonable For this adjustment? _____

What will you do with the dog if you move? Be specific: _____

What arrangements have you made to care for the dog in the event you can no longer do so? Be Specific: _____

What behaviors would you be **unable** to tolerate from an adopted dog? (Check all that apply)

- Potty accidents Barking Shedding Chewing
 Fighting Escaping Digging Jumping on people
 Being on furniture Awaking early Counter surfing Getting into garbage
 Hiding from company/family members Not quickly adjusting to other pets in the home

What methods do you plan on using to discourage unwanted behavior(s)?

For what reason would you consider giving up the dog? Please answer this question honestly! Our goal is to place our dogs into homes where they will stay FOREVER. As some dogs are not meant to live in every situation, we need to know for what specific reason you would relinquish a dog. Be specific: _____

Why have you chosen a Second Chance Pups dog? _____

Why do you want this dog? Companion Childs Pet Companion to another pet Hunting
 Gift, for whom? _____ Mouser Guard Watchdog Other, be specific _____

Additional Information:

How much do you plan to budget for your new dog? _____

What food do you plan to feed your new dog? _____

How long have you been looking for a pet? _____

Have you applied elsewhere? If yes, where? _____

What is the status of that application or adoption? _____

You understand that rescue dogs may have unknown medical history? _____ (Please initial)

You understand that rescue dogs may have unknown behavior history _____ (Please initial)

Would you object to a Second Chance Pups representative visiting/calling you after the adoption is complete to inquire about the dog? Yes No

What Each Applicant Should Know

- Dogs will require vaccines/tests every 1 to 3 years depending on your veterinarian's recommendations. DA2PLCPV (this vaccine covers Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvovirus), Rabies (1 or 3 year vaccines), Bordetella (kennel cough) and Lyme (to protect against lyme disease which is transmitted to dogs through ticks...primarily if you live in a wooded area). Heartworm test (transmitted to dogs through mosquitos) and monthly heartworm preventative. The costs for these tests/vaccines can be \$200 or more each year/per animal.
- Second Chance Pups dogs, unless otherwise stated, come with age appropriate vaccines, sterilization and have been deemed healthy by a licensed veterinarian, however we cannot guarantee the future health of any of our animals (it would be like you asking your doctor to offer a guarantee that you will never come down with disease or cancer later in life). Those guarantees cannot be made.
- Submitting an application does not obligate you to adopt nor does it guarantee the animal will be adopted to you.

- Applications are considered in the order they are received, however Second Chance Pups reserves the right to make our best determination on where we think the animal will do best.
 - We cannot guarantee the age and breed of our shelter dogs. We depend on the shelter veterinarians and other professionals to help us make the best determination regarding the breed and age of all our dogs unless we have some written documentation from a previous owner that has accompanied the dog from the shelter.
 - Second Chance Pups reserves the right to deny any application without explanation.
 - Second Chance Pups makes every effort to process new applications as quickly as possible; however it may take up to 5 days to fully process your application. The volunteers at Second Chance Pups all work full time jobs and do our best to integrate our volunteer work into our schedules.
 - Second Chance Pups Board of Directors makes all adoption decisions and their decisions are FINAL.
- I understand that completion of this application will in no way guarantee the adoption of this dog. Furthermore, any falsification of information will result in the immediate denial of this application. By signing this Application, I declare I am at least 18 years of age.**

Signature of Applicant

Date

Printed Name of Applicant

This section to be filled out by Second Chance Pups volunteer/representative.

Application received by: _____ **Date Received:** _____

Vet Check OK? If no, explain: _____

Date Home Visit Performed: _____

Additional Comments: _____

Application Approved/Denied _____ **Date** _____