

Second Chance Animal Sanctuaries Adoption Application



Name : _____ Date: _____

Address : _____

City : _____ State : _____ ZIP : _____

Home Phone : _____ Work Phone : _____

Email : _____

Are you over the age of 21 years : YES NO

Type of Pet you are interested in : _____

Name of Pet (s) you are interested in : _____

Why do you want to adopt a pet : _____

What do you think are the most important responsibilities in owning a pet : _____

For whom are you adopting the pet : _____

Have you ever owned a pet before : YES NO

Describe those pets that are currently with you (type, age, sex, altered status) : _____

Describe those pets that are no longer with you (type, age, sex, altered status) : _____

What happened to the pets who are no longer with you : _____

Please provide the name & phone number of the veterinarian for your current and/or former pets : _____

May we contact you Vet : YES NO

What persons name would your vet file be under (if other than your own name) : _____

How many people reside in your household : _____

Are there any children in the household : YES NO

If yes what ages _____

Have you or any members of your household been reported, summoned, investigated, charged or convicted of animal neglect, abuse or hoarding : YES NO

Does anyone have allergies to pets : YES NO

Who will be responsible for the care of the pet : _____

Do you : OWN RENT your residence

If you rent, please provide the name & phone number of your landlord: _____

Where will the pet be kept: INSIDE OUTSIDE BOTH

Where will the pet sleep: _____

When on an extended trip, what do you plan for your pets care: _____

Are you financially prepared to meet the expenses required to maintain a Pet ?

Remember, veterinary exams, vaccinations, emergencies and surgery costs : _____

Personal References:

Name: _____ Phone _____

Name: _____ Phone _____

Name: _____ Phone _____

By submitting this form I represent that the information that I have provided is the truth to the best of my knowledge and belief.

Signed: _____

Please return to:

Second Chance Animal Sanctuaries

PO Box 293

Wellsboro, PA 16901

OR

(570) 724-2714 (fax)

Thank You!

Someone will be contacting you soon!

SCAS Signature: _____ Date: _____