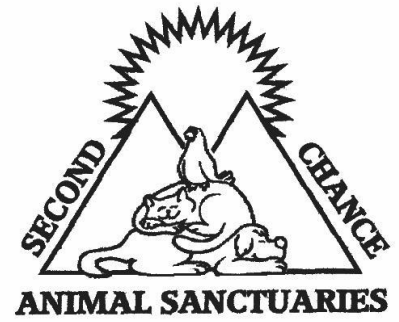


Second Chance Adoption Application



Date: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell/Work Phone: _____

Email: _____

Name of pet or describe the type of pet you are interested in:

Why do you want to adopt a pet?

What do you think are the most important responsibilities in having a pet?

Pets CURRENTLY with you:

Name	Age	Type	Spayed/Neutered?

Pets PREVIOUSLY with you:

Name	Type	Spayed/Neutered?	Reason for no longer having?

Veterinarian name: _____

Veterinarian phone number: _____

If other than your own name, what name would pet files be under?

People living in or visiting household frequently:

Name	Relationship	Age

Does anyone in your household have any pet allergies? YES NO

Do you own or rent your residence? OWN RENT

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

Where will the pet be kept during the day? _____

At night? _____

How many hours a day would your new pet be alone?

When gone more than 8 hours, what plan will you have for your pet's care?

Having a pet involves many financial expenses such as food, flea and tick medicines, vaccinations, veterinary visits, and emergency costs. Are you able and prepared to meet these needs for the health and wellbeing of your new family member? _____

Please list 3 personal references, 2 NOT related to you:

Name	Relationship	Phone

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

Signed: _____

Please return to:

Second Chance Animal Sanctuaries

725 Gee Road

Tioga, PA 16946

Fax to: (570) 724-2714

Email to: secondchanceas@yahoo.com

Thank you! Someone will be contacting you soon!