

Second Chance Animal Rescue Inc. (SCAR) – Adoption Questionnaire

Our organization takes responsibility for stray or abandoned pets that might not have a chance at adoption. We seek permanent, loving homes for them. We ask you to complete this form, which enables us to determine your suitability as an adopter. Adopters should be 21 years old with current ID. You must be willing to feed, shelter and provide medical care for your pet. We do adoption follow-ups. Spaying or neutering of an animal adopted through us is mandatory. Your adoption fee is nonrefundable. **We have the right to reclaim this animal if it is not given proper care, medical treatment, or if adoption information is false.** _____(Initial)

ABOUT YOU

Name _____ **Name of adoption pet (if known)** _____
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____
Email Address _____ **Your application is delayed if questions are not completed.**

ABOUT YOUR PET

I want a pet for _____ If the pet is not for you, who is it for? _____
Who lives with you? Adults (ages) _____ Children (ages) _____
Pets _____ Name/species _____
Does everyone want this pet? _____ Does anyone in your house have allergies? _____
Who will care for the pet? _____ Do you rent or own? _____
If renting, landlord's name and telephone number: _____
Have you owned a pet before? _____ If yes, where is that pet now? _____
If you had to move what would you do with your pet(s)? _____
If unexpectedly hospitalized, who would care for your pet(s)? _____
Where will you be keeping the pet? Indoors ___ Outdoors ___ Fenced Yard ___ Crated ___ Other _____
Are you prepared to accept the natural habits of your pet (e.g. dog barking, cat jumping on the counter, kitten/puppy scratching or chewing on things)? _____
Are windows secured with screens? _____ Do you agree have pet trained if appropriate? _____
Who is your Veterinarian? _____ Phone _____

Provide reference info for two (2) neighbors living on your street. Please let them know this is not a solicitation call.

Neighbor 1 _____ Phone _____
Address _____ City _____ State _____ Zip _____
Neighbor 2 _____ Phone _____
Address _____ City _____ State _____ Zip _____

IT IS OUR POLICY THAT YOU MAY NOT DECLAW ANY PET YOU ADOPT FROM US. DO YOU AGREE TO THIS? _____ (initial)
Is there any information you feel important to tell us regarding this adoption? _____
How did you hear about Second Chance? _____

I CERTIFY THE INFORMATION IS COMPLETE AND CORRECT TO MY KNOWLEDGE. I understand that completing this application does not guarantee me the adoption of the above-named animal.

SIGNED _____ DATE _____

PLEASE FAX THIS FORM TO (631) 789-4243

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