



270 Wilson Rd., Oxdrift, ON
P.O. Box 343, Dryden, ON P8N 2Z1
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Phone: (807) 937-6943

Second Chance Pet Network Mission Statement: To provide a safe haven for animals in need of a loving home, pending their adoption.

ADOPTION APPLICATION FORM - DOG

* PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND RETURN IT TO SECOND CHANCE PET NETWORK.
* APPLICATIONS WILL NOT BE PROCESSED IF INCOMPLETE.

SECTION 1:

Name of Applicant (please print): _____

Address (include postal code): _____

Telephone: _____ E-Mail: _____

SECTION 2: Which dog are you interested in? _____ Are you 18 years of age or older? _____

Name, age and relationship to applicant of all individuals residing in the same household: * If you need more space please attach separate page.

1. _____
2. _____
3. _____
4. _____

SECTION 3:

How many **DOGS** do you currently own? _____ How many **CATS** do you currently own? _____

Male: _____ Female: _____ Age: _____ Date of last vaccinations: _____ Spayed/Neutered: Yes No

Brief description of dog (s) and how it was acquired:

Male: _____ Female: _____ Age: _____ Date of last vaccinations: _____ Spayed/Neutered: Yes No

Brief description of cat(s) and how it was acquired:

Please list all other animals in your household and how they were acquired. Please attach separate page if necessary.

IF NOT SPAYED OR NEUTERED PLEASE EXPLAIN: _____

Are they up to date on their vaccinations? Yes _____ No _____ If NO please explain: _____

Name of Veterinarian who will be caring for your dog: _____

Are you aware that all pets adopted from SCPN **MUST** be spayed/neutered at the appropriate age?: Yes _____ No _____

Do you have outdoor space for the dog? Yes No Is it fenced? Yes No Will you provide appropriate exercise for the dog? Yes No

Are you aware of local animal bylaws/licensing requirements? If so, what are they?: _____



Why do you want to adopt a dog? _____

Note: SCPN will microchip dog prior to adoption, and offers to microchip any other pet you own for a fee of \$25.00.

Do you or anyone you live with suffer from allergies to pets or have asthma? _____

Have you disposed of or given away any pets within the last 10 years? Yes _____ No _____

• If yes, please explain: _____

SECTION 4:

Do you live in a house, apartment or mobile home?: _____

Do you own, rent or live with your parents? _____

If you RENT, does your landlord allow pets? _____

Name and Phone Number of landlord: _____

Will you allow a SCPN representative to visit your residence to determine suitability prior to adoption? Yes _____ No _____

Will you allow a SCPN representative to call your veterinarian prior to the adoption? Yes _____ No _____

Under what name are your veterinarian records? _____

Who will be responsible for the care of the dog? _____

SECTION 5:

Are you employed? Yes _____ No _____ Name of Employer: _____

If you are not employed, what is your primary source of income?: _____

SECTION 6:

I hereby certify that the foregoing information is true and correct and that I have not omitted information which would make my application false or misleading.

Signature: _____ Date: _____

Please return your completed application, with supporting documents, to:

**SECOND CHANCE PET NETWORK, P.O. BOX 343, DRYDEN, ON P8N 1R5
or - DROP OFF AT TREASURES, 30 – 32 PRINCESS STREET, DRYDEN
or - DROP OFF AT SCPN SHELTER, 270 WILSON ROAD, OXDRIFT**

You will be notified once your application has been processed.

FOR OFFICE USE ONLY:

Application approved: Yes No

Signature of SCPN official: _____ Date: _____

Notes: _____