

SECOND CHANCE PET NETWORK (Dryden) – Adoption Information

You will be required to show current photo identification with your current address. We reserve the right to deny any adoptions.

First Name _____ **Last Name** _____

Address _____

Phone: home _____ **work** _____

E-mail: _____

Full names of all adults who share your residence: _____

Number and ages of all children under the age of 18 years: _____

Are you 18 years of age or older? **yes** **no**

Why do you want to adopt a dog? **family pet** **for children**

Do you or does anyone you live with suffer allergies to pets or asthma?
yes **no**

Do you live in a **house** **apartment** **mobile home**

Do you **own** **rent** **live with parents**

If you rent, does your landlord allow pets? **yes** **no**

Name & phone # of landlord: _____

Will you allow a SCPN (Dryden) representative visit your residence to determine suitability prior to the adoption? **yes** **no**

Will you allow a SCPN (Dryden) representative to call your veterinarian prior to the adoption?
yes **no**

Who will be responsible for the care and training of this dog?

Do you have the financial resources to cover the ongoing care of this dog? (food, annual veterinary checkups, vaccines, licensing etc) **yes** **no**

