

Adoption Application Second Chance Pit Bull Rescue

6011 Holly Ridge Rd Rougemont NC 27572
Phone 919-698-9654 email:Secondchancepitbullrescue@gmail.com

Applicant Information

Name:		Date:	
E-mail address:			
Home Phone:	Work Phone:	Alt. Phone:	
Current Address:		Length at address:	
City:	State:	ZIP:	
Personal Website:		DL#& ST	
Employer:		Employer's Phone:	
Own (please circle one)	Rent	Live with parents	House Mobile Home
			Apartment Other: _____
Townhouse		Duplex	
Condo			
Landlord's name:		Landlord's phone number:	
Are you a student? Yes ___ No ___ High School College Undergrad Graduate			

Personal Information & References

Spouse's Name:	
Spouse's Employer:	Employer phone:
List names and ages of members of household:	
List names & phone # for 2 Character References	
1.	
2.	

Pet Information

List all of your current pets:							
Dog	Cat	Other	Lives In or Out	Spayed/Neutered	Name	Breed	Age
			In___ Out___	Yes___ No___			
			In___ Out___	Yes___ No___			
			In___ Out___	Yes___ No___			
			In___ Out___	Yes___ No___			
If your pets are not spayed/neutered please explain:							
List all of your previous pets:							
Dog	Cat	Other	Lived In or Out	Spayed/Neutered	Name	Breed	What happened to the pet? How long ago?
			In___ Out___	Yes___ No___			
			In___ Out___	Yes___ No___			
			In___ Out___	Yes___ No___			
Name of Veterinarian or Clinic:						Phone # of Vet/Clinic	

Adoption Information

Why do you wish to adopt this animal? (please circle one or more)	Gift	Companion	Hunting	Guard/Security	Mouser	Breeding
Other: _____						
Where do you plan to keep this animal? (please circle one or more)	Inside Home	Outside Home	Backyard	Outside Pen	Garage	
Chained/Tied Basement Crate Other: _____						
Do you have a fenced yard? Yes___ No___	Dimensions:		Do you have a dog house? Yes___ No___			
Type of Fence: Chain Link	Wood	Electric	Invisible	Welded Wire	Picket	Other: _____
How many hours a day will this animal be left alone?			Where will it be kept when left alone?			

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Will you agree to spay/neuter this animal? Yes ___ No ___	Have you dealt with us before? Yes ___ No ___ If so, how and when?
How do you feel about Crating a dog?	
Would you allow a Shelter Representative to visit your home?	
<i>If adopting a puppy or kitten under 6 months of age do you agree to have the animal spayed or neutered?</i>	
What kind of Research have you done on the particular Breed or type of animal you are planning to adopt	
<i>Are you aware that pets require routine Veterinary Care?</i>	
How much do you anticipate monthly expenses including food, heartworm prevention and flea & tick prevention for a pet to be \$	
<i>What constitutes a good reason for giving up a pet?</i>	
<i>By my signature, I certify that I have given accurate, correct information and that information is subject to verification. I also understand that the SCPBR reserves the right to refuse adoption of any animal. I also understand that by submitting this form it becomes property of the SCPBR and will not be returned to me.</i>	
<i>Signature of Applicant</i>	<i>Date</i>
<i>Signature of Shelter Representative</i>	<i>Date</i>
Shelter Use Only Approval Code	