

Adoption Application

Second Chance Animal Shelter
111 Young Road, P.O. Box 136, East Brookfield, MA 01515
(508) 867-5525 Phone, 508-867-5019 Fax
Email: info@secondchanceanimals.org
www.secondchanceanimals.org

Interested in giving a shelter pet a second chance? Our Adoption Application will help make the adoption process as smooth as possible and insure that all of our pets go to loving homes, so please be as accurate and specific as possible. *Incomplete Applications will not be considered.*

Today's Date:

Animal Interested In:

Your Name:

Your Address:

Your City, State and Zip:

Your Home Phone # (with area code):

Your Work/Cell Phone # (with area code):

Your Email Address:

Description of living situation:

(House, Condo, Apartment, Mobile Home)

Do you rent or own:

Does your lease allow pets:

Landlord's Name and Phone #:

Is your yard fenced in?

If so, type and height of fence:

Number of adults in household:

Do all adults in household know you wish to adopt:

Age(s) of children in household:

Do you have other pets?

(provide name, breed, age, sex)

Who is your veterinarian:

(Name, Address, Phone #)

Are pets current on vaccinations:

Are pets spayed/neutered:

Are pets on heartworm preventative, what type:

(over to second side)

Where are they kept during the day:

Where at they kept at night:

How many hours a day/night will pet be left alone:

If you don't have pets now, have you had pets in the past:

Pet's breed, name, age, sex:

How long has it been since you had the pet(s)?

If this pet's veterinarian was different from the one above, please provide name, address, and phone number:

How long did you have your last pet:

What happened to your last pet (please be as specific as possible):

If this is your first pet:

What vet do you plan to use:

Please provide three references (preferably two being non-family members):
(name, address, phone, and email)

1.

2.

3.

Additional Comments: