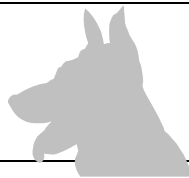


\*\*Please Note: Currently Google Chrome does not support the functionality to sign or submit your application. We recommend using Internet Explorer \*\*



# DOG ADOPTER PROFILE



**SECOND CHANCE ANIMAL CENTER**

PO Box 620  
Shaftsbury, Vermont 05262  
(t) 802/375-2898  
(f) 802/375-0235

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please fill out this form completely. The information you provide will help us find the best dog for you.

## ADOPTER'S INFORMATION

**NAME:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**HOME PHONE:**

**WORK PHONE:**

**EMAIL:**

## BACKGROUND INFORMATION

Adopting a dog brings with it a lot of responsibility, including annual veterinarian visits, vaccinations, and possible emergency care. This is more expensive than many people realize. Are you aware of and prepared to assume the responsibilities for your newly adopted dog?  -Yes  -No

**I currently own a** -House -Condo -Mobile Home For How Long? \_\_\_\_\_

**I currently rent a** -House -Condo -Mobile Home -Apartment

**If you are renting, how long?**  
Years \_\_\_\_\_ Months \_\_\_\_\_

**Landlord's Name:**

**Landlord's Phone Number:**

**I currently live with family or friends in a** -House -Condo -Mobile Home -Apartment

**How long?**

Years \_\_\_\_\_ Months \_\_\_\_\_

**Homeowner's Name:**

**Homeowner's Phone Number:**

**Are you a first-time dog adopter as an adult?** -YES -NO

**If NO, how many dogs have you lived with?**

**List Veterinarian References:**

**Have you ever adopted from, or surrendered an animal to SCAC before?** -YES -NO

**If Yes, what type of animal?**

**When?**

**Why?**

**Please list the cats and dogs that you currently live with or have lived with in your adult life:\***

Animal's Name	Type/Breed	Spayed/ Neutered?	Owned How Long?	Still Own?	If no, what happened?

\*If you currently have a dog(s), we ask that you bring it/them in to meet the potential adoptee.

**I also currently live with:**

-Other Pets:

**Describe:**

-Children:

**How Many?**

**Ages?**

-Other Adults:

**How Many?**

**Do you or anyone in your family suffer from allergies?** -YES -NO

## YOUR NEW DOG: PHYSICAL TRAITS

**Gender of dog you're looking for?**

-MALE -FEMALE -DOESN'T MATTER

**Age range you're looking for?**

-PUPPY -YOUNG ADULT -ADULT  
-SENIOR -DOESN'T MATTER

**What breed?**

-NO PREFERENCE

**Preferred Coat Length?**

-SHORT -MEDIUM -LONG -DOESN'T MATTER

**Preferred Coat Texture?**

-SMOOTH -WIRY -FEATHERED -NO PREFERENCE

**Size of dog you're looking for?**

-TOY (0-10 LB) -SMALL (10-25 LB) -MEDIUM (25-50 LB)  
-LARGE (50-100 LB) -DOESN'T MATTER

**Do you plan on docking the tail or cropping the ears of your new dog?**

-YES -NO

**YOUR NEW DOG: OTHER TRAITS**

**What role would you like your new dog to play in your life?**

-COMPANION/FAMILY PET -GUARD DOG -OTHER (PLEASE EXPLAIN):

**What traits would you like most in your new dog? [Check all that apply]**

-INDEPENDENCE -CONFIDENCE -PROTECTIVENESS -DEPENDENCE -PLAYFULNESS -QUIETNESS -GENTLENESS -SILLINESS  
-EASYGOING PERSONALITY -ROUGH-HOUSING -SERIOUSNESS -ENERGETIC OUTLOOK -OTHER (PLEASE EXPLAIN):

**What behaviors would you have a hard time dealing with in your new dog? [Check all that apply]**

-DOMINANCE -ESCAPING BEHAVIOR -AGGRESSION -PROTECTIVE -DOESN'T LIKE THE CAR -STUBBORN -JUMPING ON PEOPLE  
-SUBMISSIVE TRAITS -SHY -NERVOUS -QUIET -DIGGING -ALOOF -NOISY/BARKS A LOT -TOO ROUGH WITH KIDS  
-DESTRUCTIVE CHEWING -VERY ENERGETIC -NEEDS LOTS OF EXERCISE -OVERLY FRIENDLY -OTHER (PLEASE EXPLAIN):

**If your new dog displays behavioral problems—such as jumping on people, inappropriate chewing, housetraining problems, etc.—how would you go about teaching him/her?**

-CONTACT A PROFESSIONAL -USE A BOOK -PERSONAL KNOWLEDGE -CALL SCAC FOR ADVICE  
-OTHER (PLEASE EXPLAIN):

**LIFE AT YOUR HOME**

**Would you classify your home as:**

-CALM -SOME ACTIVITY -EXTREMELY BUSY

**What type of dog do you envision yourself owning?**

-QUIET & CALM -MODERATELY ACTIVE -CONSTANT ENERGY

**Would your new dog be living with or have any of these as neighbors or visitors? [Check all that apply]**

-CHILDREN UNDER 10 -TEENAGERS -MALE DOGS -FEMALE DOGS -CATS -BIRDS -RABBITS/RODENTS -POULTRY -LIVESTOCK

**Are you willing to spend time grooming your dog?**

-YES -NO

**How often are you willing to groom your dog?**

-DAILY -WEEKLY -MONTHLY -BRING TO A GROOMER

**Situations or activities your dog would encounter?**

-JOGGERS -CHILDREN PLAYING -SKATEBOARDS/BICYCLES  
-INDOOR CATS -CARS -LIVESTOCK

**On a typical day, where will your dog be kept?**

-INSIDE AND OUTSIDE -MOSTLY INSIDE -MOSTLY OUTSIDE  
-IN A FENCED YARD -TIED UP OUTSIDE -RUNNING FREE

**How many hours each day will your dog remain unsupervised?**

**Where will your dog sleep at night?**

**How do you plan to exercise your dog?**

-DAILY WALKS -FENCED BACKYARD -JOGGING  
-OFF-LEASH DOG PARKS -OTHER:

**In the shelter environment, it's difficult for us to determine if a dog is housetrained. Would you be able to tolerate a few accidents?** -YES -NO

**What kind of solution would you be willing to try if housebreaking accidents continue after the first week? [Check all that apply]**

-PAPER -CRATE -TAKE OUT MORE OFTEN -USE OF DOG DOOR -NONE OF THE ABOVE -OTHER:

**I certify that the above information is true and correct to the best of my knowledge and that I understand that false information may result in the nullification of this adoption or return of the animal to SCAC. We reserve the right to refuse any adoption for any reason. This completed profile is the property of SCAC and is not to be removed from the SCAC files without explicit approval of the Executive Director.**

Applicant's Signature

Date

Parent/Guardian's Signature if under 18 years of age

Date

**SCAC STAFF USE ONLY**

Landlord approval? Y N Date of Contact: \_\_\_/\_\_\_/\_\_\_

Counselor Making Landlord Contact:

Household/Family Interviewed? Y N Interviewed: \_\_\_/\_\_\_/\_\_\_

Counselor Conducting Interviews:

Adoption Approval? Y N Date Adopter Contacted: \_\_\_/\_\_\_/\_\_\_

Counselor Making Approval:



## **Authorization to Release Information**

I authorize the following to release information to Second Chance Animal Center as part of my adoption application approval process.

Veterinarian: \_\_\_\_\_

Landlord: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Reason adoption denied:

Counselor Involved:

Supervisory Review: