



SECOND CITY
CANINE ♥ RESCUE

www.secondcitycaninerescue.org

Dog Name _____ ID# _____

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Occupation: _____ Does your company match 501(c)3 donations? _____

Please list all people (including you) that will be living in the household with your new dog:

Name	Age	Sex	History of Dog Allergies?	Aware of possible adoption?

Please list all other pets that you've had within the last 10 years:

Name	Type / Breed	Age	Sex	Spayed / Neutered?	Still Own? If not, what happened to the pet?

Primary Veterinarian & Phone Number: _____



Second City Canine Rescue – Adoption Application

PO Box 721094
Roselle, IL 60172
p 847.807.5364
f 847.807.4407

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Dog Name _____ ID# _____

Rent Own Apartment Condo Townhouse Single-Family Home Other _____

If you rent, please provide your landlord’s name & phone #: _____

Do you have a fence? _____ Type & Height: _____

What is your typical daily schedule? _____

Do you currently walk / run / bike? How often? Do you plan on adding your new dog to that exercise routine?

Why are you considering adopting a new dog? _____

Where will you keep the dog when you are at home? _____

Where will you keep the dog when you are not at home? _____

Where will the dog sleep at night? _____

How will you discipline the new dog? _____

Are there any “deal breakers” for your family in regard to behavior? If so, what? _____

If your dog needs additional obedience training, are you willing and able to cover that cost at your own expense? _____

If a medical emergency arises, are you willing and able to cover that cost at your own expense? _____

If you must move in the future, what will you do with your new dog? _____

Have you ever surrendered an animal to a rescue or shelter, or lost a pet due to something other than natural causes? If so, what were the circumstances? _____

I, _____, certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that Second City Canine Rescue reserves the right to deny my request to adopt an animal for any reason. I, along with those person who may accompany me, assume risk of injury which may be incurred as a result of my viewing any animal under the care of Second City Canine Rescue.

Signature: _____

Date: _____

SCCR Office Use Only:

SCCR Signature: _____

Date: _____