



Adoption Application

NSC Post Office Box 1505
Wheat Ridge, CO 80034
720.514.2537
www.NSCrescue.org

To be considered for one of the animals in the Nikeno's Second Chances (NSC) program – please complete the following adoption application. Please understand that the needs of the animal come first – and as such we will be checking references and may include a potential home visit as part of the adoption process. Our primary goal is to match up animals with living situations that are best suited for their long term care. We appreciate your interest in our organization.

Applicant's Information

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

I prefer to be called at: work home cell no preference. Birthdate: _____

E-mail: _____

Is there a specific animal you are interested in? No Yes. If yes, what is its name? _____

Living Situation

Do you Rent Own? How long have you been at this location? _____

If you rent, please provide landlord name and phone number: _____

Please describe your living situation (ie: do you have a house/apt/condo, a fenced yard, dog run, etc.):

Please list all people living with you – including ages and relationship:

| <u>Name</u> | <u>Age</u> | <u>Relationship</u> |
|-------------|------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Has everyone in the residence agreed to care for the animal – and for the costs associated with caring for a pet that will live for another ten or more years? Please briefly describe how you will accommodate these needs:

Please list any pets living with you – including breed, sex, age and if altered:

| <u>Breed</u> | <u>Age</u> | <u>Sex</u> | <u>Altered (if no, please explain)</u> |
|--------------|------------|------------|--|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

How does your current pet(s) respond to puppies, male dogs, female dogs and cats? _____



Questions

Please describe your ideal pet – including shedding, activity level, age, sex, breed, etc.:

Do you have specific goals in mind for your future pet? No Yes. If yes, please explain: _____

Have you ever owned a dog before? No Yes. If yes, please briefly describe: _____

Who will be the primary caregiver of the animal? _____

What do you and your partner do for a living? _____

On average – how many hours a day will the animal be left alone? _____

When the animal is left alone, where will the animal be kept? _____

Where will the animal sleep? _____

How do you plan to exercise and toilet the animal? _____

In the event that you have to relocate – what would your plans entail for the animal? _____

Do you currently have a veterinarian? No Yes. If yes, please list the contact information for their office as well as the name of the doctor. If you do not have one, we can provide information on vets in your area.

Are you willing to have a Representative do a home visit (by appointment only)? No Yes

As part of the NSC program – we require four weeks of obedience instruction through Clearwater Dog Training – to be initiated within two weeks of taking the dog home. Are you willing to participate and complete these classes for the benefit of your pet? No Yes N/A (cats only)

Would you care to receive our newsletter and information regarding our upcoming events? No Yes. If yes, would you prefer to be contacted via E-mail or US mail.

Any other comments, concerns or questions? _____



References

Please list three references that are not related. If your vet is willing to be a reference – we only require one additional reference.

| <u>Name</u> | <u>Phone</u> | <u>Relationship</u> | <u>Years Known</u> |
|-------------|--------------|---------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Signature

I have read and completed all questions on the application truthfully and to the best of my knowledge. I understand that NSC will rely on the answers that I have provided to process this application for adoption and that by submitting this document I am not guaranteed approval. In the event that false information is discovered, NSC reserves the right to reclaim possession of the animal.

Applicant's Signature

Date

Printed Name

For Office Use Only

App Rec: _____