



Second Chance Program
Adoption Application



The answers you give on this application will assist in finding the best possible match between you and the dogs available through Second Chance Program. The questions are not meant to prevent or exclude you from adopting one of our dogs, but to help decide what is best for both your family and the adoptee. All questions must be completed. When finished, please mail the form to:

Highland Canine Training, LLC
145 Foxfield Drive
Harmony, NC 28634
Attention: Second Chance Program

Or E-mail it to: secondchance@highlandcanine.com

Thank you for your interest in giving an adopted dog a forever home

Name: \_\_\_\_\_ Age: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_
Email: \_\_\_\_\_

Does anyone living in your house have allergies? Yes / No
If yes, please explain: \_\_\_\_\_

Does everyone living in your house know that you plan to adopt a Second Chance Dog? Yes / No

Who will be the primary caregiver of the dog? \_\_\_\_\_
Age of primary caregiver: \_\_\_\_\_

Do you live in a/an: House / Apartment / Condo
Do you: Own / Rent
If you rent, what is your landlord's policy on dogs? \_\_\_\_\_
What is your landlord's name? \_\_\_\_\_
Landlord's office number: \_\_\_\_\_

Do you have a fenced yard? Yes / No

Do you have any children? Yes / No
What age(s)?

List all dogs and cats you have had in the last 10 years:

Canine Name	Breed	Gender	Age	Still Living?
				Y / N
				Y / N
				Y / N
				Y / N

Feline Name	Breed	Gender	Age	Still Living?
				Y / N
				Y / N
				Y / N
				Y / N

Do you still own all animals listed above? Yes / No  
 If no, please explain: \_\_\_\_\_

List cause of death for deceased pets: \_\_\_\_\_

Are all your dogs and cats up-to-date on vaccinations? Yes / No  
 If no, please explain: \_\_\_\_\_

If you have a dog, is he/she on heartworm preventative? Yes / No

Veterinarian name: \_\_\_\_\_  
 Office phone: \_\_\_\_\_

Why do you want to adopt a Second Chance Dog?

How many hours will the Dog be home alone during the day? \_\_\_\_\_  
 Where will the dog be when you are not home? \_\_\_\_\_  
 Where will the dog be when you are at home? \_\_\_\_\_  
 What will you do with the dog when you travel? \_\_\_\_\_

Additional Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By signing below, I authorize Highland Canine Training LLC to check veterinary and personal references listed in this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_