

Second Chance Musers Rescue Dog Adoption Application

1. I warrant that I never have been adjudicated responsible for any act of cruelty to an animal in any criminal, civil, or administrative action.
2. I understand that SCMR does not warrant the temperament or behavior of the adoptable dog/dogs. Due to the unpredictable nature of animals, certain risks and dangers exist when caring for an animal, including risks of injury to persons and property. With full knowledge of such risks, I assume full legal responsibility for all risks and obligations associated with care of the adoptable dog/dogs, and hold SCMR its directors, officers, employees, agents, and volunteers for any loss of, damage to, or injury to persons, animals, or property arising from the adoptable dog.
3. I agree not to violate any local ordinance regarding the number of animals that I may have in my care as a result of accepting or maintaining custody of a foster dog.
4. I will provide the adoptable SCM dog/dogs with a safe, clean environment, and under no circumstances allow the adoptable SCMR dogs to be off lead except when inside my home or other building or inside a securely fenced yard or other securely fenced area. I certify that the premises of the residence at which the adoptable SCMR dog/dogs will be kept are fenced.
5. I will keep the adoptable SCMR dog/dogs well fed and watered and comply with the laws of the State of Michigan regarding the proper care and treatment of animals. I agree to abide by all instructions provided by SCMR regarding adopting and medication of the adoptable dogs.

In order to be considered to adopt a SCMR dog/dogs today, you must:

- **BE 21 YEARS OF AGE OR OLDER.**
- **Have identification showing your present address.**
- **Have the knowledge and consent of all adults living in your household.**
- **Understand that this application is the property of SCMR and will be retained in its files.**
- **Understand that has full authority SCMR has the right to approve or deny your application.**
- **Understand that SCMR reserves the right to verify all information submitted on this application, including veterinary information.**
- **UNDERSTAND THAT YOU MAY NOT TRANSFER CARE OF ANY ANIMAL ACQUIRED FROM SCMR TO ANOTHER PARTY. IF YOU MUST RELINQUISH CARE OF ANY ANIMAL YOU HAVE ACQUIRED FROM SCMR, YOU MUST CONTACT A REPRESENTATIVE OF SCMR.**
- Signature _____

Thank you for taking the time to fill out this application. Your information will remain confidential and used only as part of the SCMR Adoption Program. PERSONAL INFORMATION (Please print):

Name: _____ Age: _____

Date: _____

Address:

City: _____

State: _____

Zip: _____

Home phone: _____

Work/Cell phone: _____

Email:

HOUSEHOLD INFORMATION: How many people are in your household?

Adults over the age of 21 (including self): _____ Ages:

Children (under 21): _____ Ages: _____

Does anyone in the household have allergies to dogs? Yes or No

Do you live in: (please circle)

HOUSE APARTMENT CONDO DUPLEX MOBILE TOWNHOME

Do you: (please circle) OWN RENT LEASE

How long have you been at this address? _____

Please list all your current pets: Dog/Cat

Breed _____

Name _____

Age _____

M/F Altered? _____

How long owned? _____

Have all your pets been spayed/neutered? If not - please explain.

Has a dog ever died on your premises of distemper, parvo, or unknown causes? Yes or No

If yes, please

explain: _____

All SCMR dogs will also be provided with a Fi GPS collar for a one-year subscription. This collar CANNOT be used for leash/tethering as it is not reliable to not break.

All dog's will be microchipped prior to adoption and the microchip contact info will always remain with SCMR's contact information. Even after adoption, the microchip will remain with SCMR's contact. It is the adoption family's responsibility to always keep identification/contact info on the adopted dog at all times. Keeping the microchip with SCMR's contact info is to ensure no SCMR ever gets placed in a shelter unwanted.

Sign here if you agree to comply: _____

Do you understand all dog's need to remain on monthly flea/tick and heartworm medication. Do you agree to keep the pet on medications under the supervision of your vet for the remainder of their life?

Y or N Signature _____

Do you understand the exercise requirements of a northern breed? Y or N

Do you agree to maintain these exercise requirements? Y or N

Do you understand the escaping capabilities of a Northern Breed? Y or N?

Do you understand a northern breed dog will try to stay 10 steps ahead of you in all life situations?

Do you work? If so, please describe your hours.

Please describe your experience working with dogs. (ex. Vet hospital, doggie daycare, dog walking, pet sitting, own dogs)

How many hours during the AVERAGE day will this dog spend WITHOUT a human? _____

Where will this dog be when someone is home? _____

Where will this dog be when alone? _____

Where will this dog sleep at night? _____

Vet reference. _____

Vet phone number _____

Please call your vet to give them permission to speak with SCMR. Failure to do so will disqualify you from adopting a SCMR dog.

SCMR will screen for behavioral and medical, but there are things that may arise. It is your responsibility after adoption to care of these medical/behavior conditions. If unable to do so, the animal will be relinquished back to SCMR. All dogs are assessed by a licensed veterinarian prior to adoption.

Signature _____

SCMR requires a screening process that includes a home visit. What is the best time to contact you? _____

If any dog/dogs adopted through Second Chance Musers Rescue are mistreated, neglected, or any violation of adoption agreement occurs, Second Chance Musers Rescue will remove the dog from the home and no refund will be given. Signature_____

If at any point, the dog adopted needs to be returned, the adoptee will contact Second Chance Musers Rescue to return the dog. The adoptee is not permitted to rehome the dog at any point. If it is found to be rehomed without contacting Second Chance Musers Rescue, Second Chance Musers Rescue will remove the dog from the new home. Signature_____

Please email application to secondchancemusersrescue@gmail.com or mail to:

SCMR

PO Box 279

Eastport, MI 49627

Signature of Agreement to Adopt Application:_____