

Second Time Around Rescue Ranch Date: _____

Adoption Application

Box 362 Wawota, Saskatchewan S0G5A0

info@secondtimearound.ca

Phone: 1-306-739-2842

Thank you for your interest in adopting an animal rescued by Second Time Around Rescue Ranch. Second Time Around Rescue Ranch wants to make certain every animal adopted goes to a loving home where the animal will be well cared for. Because of this, the application asks a number of questions which we hope you will understand are necessary in our screening process. All information will be kept confidential, and if you have questions, please don't hesitate to call us at 1-306-739-2842.

Please fill out the form and send it to us at less 2 weeks before the adoption date with payment, this gives us time to check your information out.

note: If your Adoption Application is excepted there will be a \$250.00 Administration fee which goes towards the care of the other animals and new ones to come.

Personal information:

Your name: _____

Address: _____

City: _____

Province: _____

Postal Code : _____

Phone number : (____)-_____

Best Time To Contact You?

Day: _____

Evening: _____

Weekend: _____

Number of Children: _____

Youngest age: _____

Oldest age: _____

Your birthdate: _____

Married or single: _____

Your household annual income: _____

Employment Informtion:

Company Name: _____

Employer Name: _____

Employer Address: _____

City: _____

Province: _____

Postal Code : _____

Phone number: Day Time - (____) - _____

Evenings - (____) - _____

Cell - (____) - _____

How many acres do you have available for pasture? _____

Do you have shelter?: Yes / No _____

What is your watering sours? _____

If your approved to Adopt but plan on Boarding the animal out:

Name Of Boarding Institute: _____

Contact Name: _____

Contact Number: _____

Contact Address: _____

Veterinarian information:

Veterinarian Business Name: _____

Veterinarian Name: _____

Address: _____

City: _____

State/Province: _____

Postal Code / Zip Code: _____

Phone number and Area Code: (____)-_____

If your animal should become ill, can you afford veterinary bills?

Yes / No: _____

Farrier information:

Farrier Business Name: _____

Farrier Name: _____

Address: _____
City: _____
State/Province: _____
Postal Code / Zip Code: _____
Phone number and Area Code: (____)-_____

May We contact your Veterinarian & Farrier for reference?
Yes / No _____

Reference #1

Name: _____
City, State: _____ Phone Number: _____
Relation to Reference: _____ Email: _____

Reference #2

Name: _____
City, State: _____ Phone Number: _____
Relation to Reference: _____ Email: _____

Reference #3

Name: _____
City, State: _____ Phone Number: _____
Relation to Reference: _____ Email: _____

What animal are you interested in adopting? and why?

How many animals have you owned and where are they now?

How many animals do you own now?

Describe your level of experience of riding, training, handling

How did you hear of this organization?

Who is the pet for? Self ____ Spouse ____ Child ____ Other _____

Who will be the primary caregiver? Self ____ Spouse ____ Child ____ Other _____

What behavior is NOT acceptable to you? _____

What will happen to this pet if you move?

May Second Time Around Rescue Ranch visit your home?
Yes / No: _____

List at least 2 Animal Protection Organizations to which you Now belong or Did:
1. _____
2. _____

Have you at anytime had animals removed from your care?:
Yes / No: _____

Have you ever been issued a citation/warning or been convicted for animal cruelty?

Yes / No: _____

If yes, please explain: _____

Do you understand that Second Time Around Rescue Ranch reserves the right to take back the pet should they deem any terms of the contract broken?
Yes ___ No ___

By signing this application, you certify you are over the age of 18 and all information contained in this application is truthful to the best of your knowledge.

Signature _____
Adoption Applicant

Date _____

Signature _____
Second Time Around Rescue Ranch Officer

Date _____