

Adoption Application

Last Chance Rescue, Inc.

P.O. Box 398 Schererville, IN 46375 219.677.2961

Pet Applying For:			
Applicant(s) Name:			
Primary Phone:	Cell Phone:		
Address:			
City:			
Email Address:			
Driver's License No. (copy require	ed at time of adoption):		
Employer:			
Employer Address:			
City:	State:	ZIP:	
Employer Phone:			
Co-Applicant Employer:			
Employer Address:			
City:			
Employer Phone:			

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Length of Time at Current Addre	ess:	Own/Rent:		
Landlord's Name:				
Landlords Phone:				
Number of Adults in Home: Number of Children/Ages:				
Do You Currently Own Other Pet? If so, please list species and age:				
Veterinarian:				
Veterinarian's Phone:				
Have you any pets in the past? Please indicate below:				
Type/Breed	Age at Death (if Deceased)	What Happened to this Pet?		
Have you ever turned an animal into a shelter?				
If yes, what were the circumstances?				

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Please complete if you are applying for a dog:				
s your yard complete fenced? Fence Height				
If you do not have a completely fenced yard, do you have an outside dog run?				
Where will the dog be living? ☐ House ☐ Outside ☐ Basement ☐ Other				
Are you familiar with heartworm? Will you provide heartworm preventative?				
Please complete if you are applying for a cat:				
Will the cat be declawed?				
Please provide two references not related to you:				
1.				
Name	Phone			
2				
Name	Phone			
Adoption Applicant Agreement I certify that the preceding information that I have provided is accurate and honest. 1. I understand and agree that the care, feeding, training and well-being of an animal is an ADULT RESPONSIBILITY. 2. I hereby authorized the release to Last Chance Rescue, Inc., all veterinary records of any and all animals I have had or currently have. 3. I understand that I may not be able to adopt the pet I have chosen if this animal would not be a good match due to lifestyle or housing concerns. 4. This application remains the property of Last Chance Rescue, Inc. 5. Last Chance Rescue, Inc. reserves the right to refuse adoption to anyone				
Signature	Date			
Co-Applicant's Signature	 Date			