



# Butte County Sheriff's Office

## 2<sup>nd</sup> Chance K9



NORTHWEST SPCA  
2787 South 5<sup>TH</sup> Ave Oroville, CA 95965  
Phone (530) 533-7636  
Fax (530) 533-7684  
Email: [contact@northwestspca.org](mailto:contact@northwestspca.org)

BUTTE COUNTY SHERIFF'S OFFICE  
ALTERNATIVE CUSTODY SUPERVISION  
51 County Center Dr. Oroville, CA 95965  
Phone (530) 538-7545  
Fax (530) 538-4339  
Email: [infosheriff@buttecounty.net](mailto:infosheriff@buttecounty.net)

### Adoption Application

#### Owner/Adopter Information:

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Spouse's Cell: \_\_\_\_\_

Address (physical): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address (mailing, if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Spouse's Employer/Occupation: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Driver's License or State ID#: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Do you: Own  Rent  Live in: House  Apartment  Mobile Home/Park

Live with Parents/Relatives/Roommates  Are you a student: Yes  No

How long have you resided at this address: \_\_\_\_\_ Do you plan to move soon: Yes  No

Landlord / Management Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Can NWSPCA or one of our agents contact your landlord/property manager: Yes  No

Have you informed your landlord that you are adopting a pet and have permission to do so: Yes  No

Is your yard fenced: Yes  No  If not, how would you contain the dog: \_\_\_\_\_

How high is your fence: \_\_\_\_\_

Type of Fence: Wood  Chain Link  Other \_\_\_\_\_

Size of your yard: \_\_\_\_\_

PLEASE COMPLETE APPLICATION AND RETURN TO THE BUTTE COUNTY SHERIFF'S OFFICE ATT: LORI ENGASSER:  
51 COUNTY CENTER DR. OROVILLE, CA 95965, FAX: 530-538-7545, or EMAIL: [INFOSHERIFF@BUTTECOUNTY.NET](mailto:INFOSHERIFF@BUTTECOUNTY.NET)

Are there other animals living in the home: Yes  No

If yes, please list (please use additional pages if needed):

Dog / Cat	Breed	Male / Female	Spayed/Neutered	Age

Your Veterinarian / Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Is everyone in the household in favor of adopting a pet: Yes  No

Are there children living in the home or visiting regularly: Yes  No  If yes, ages?: \_\_\_\_\_

What is the activity level within the household: Low  Moderate  Active  Very Active

Are you willing/able to provide the costs of care (food, licensing, vaccinations, regular veterinary, etc.): Yes  No

Have you ever given a pet away: Yes  No  If yes, what were the circumstances: \_\_\_\_\_

\*Have you ever received a citation regarding your pets: Yes  No

\*Have you ever been accused or investigated for Animal Cruelty: Yes  No

If yes to either of the two questions (\*) above, please explain the circumstances: \_\_\_\_\_

Would you agree to have your property checked to ensure it is secure for a pet: Yes  No

Please indicate dog size preference: 10# or less  10-25#  25-50#  50#+  Other: \_\_\_\_\_

What types of dogs do you prefer? (breed, long/short hair, etc): \_\_\_\_\_

What would your dog's purpose be?: Service Dog  Companion  Other: \_\_\_\_\_

Which (if any) conditions/disabilities are you wanting a dog to assist you with? \_\_\_\_\_

How did you hear about the 2<sup>nd</sup> Chance K9 Program? \_\_\_\_\_

**Alternate Contact:** (Friend, neighbor, relative, etc. we can contact for any reason we are unable to reach you. This person could also redeem or identify your dog in an emergency. They do not need to be local.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#1: \_\_\_\_\_ #2: \_\_\_\_\_

Address (physical): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address (mailing, if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**If applicable, Military Service Information:**

**\*\* Please attach a copy of your discharge certificate (DD214).** If you do not have a copy, please call the Butte County VSO to order a free certified copy and attach a copy of the order form to this application. Butte County VSO 530-891-2759 or email at vso@buttecounty.net

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Character of Discharge: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Are there any conditions regarding your character of discharge that you would like to explain? \_\_\_\_\_

Are you officially service connected by the VA? \_\_\_\_\_

**SHELTER USE ONLY:**

ID# \_\_\_\_\_ Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered: \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Markings: \_\_\_\_\_

Size: \_\_\_\_\_ Coat: \_\_\_\_\_

Ears: \_\_\_\_\_ Tail: \_\_\_\_\_

Microchip ID #: \_\_\_\_\_ Date implanted: \_\_\_\_\_

Microchip Brand: \_\_\_\_\_

Vet ID# G000121-NWSPCA

(This microchip has been implanted by Northwest SPCA / Other: \_\_\_\_\_ )