



P.O. Box 1216  
 League City, TX 77574  
 E-mail: [pets2adopt@yahoo.com](mailto:pets2adopt@yahoo.com)  
[www.secondchancepets.org](http://www.secondchancepets.org)

## CAT ADOPTION AGREEMENT

FOR SCP USE ONLY: Cat's Name \_\_\_\_\_ SCP ID #: \_\_\_\_\_

Description \_\_\_\_\_ Male / Female Microchip # \_\_\_\_\_

SCP contact for post-adoption medical questions or concerns: Susan Stevenson (832-459-5946)

### Please initial each statement indicating your concurrence:

\_\_\_\_ I understand that I am adopting a stray or abandoned animal and therefore Second Chance Pets (SCP) cannot guarantee its health or temperament although all cats have been seen by a veterinarian. I will contact SCP if I have questions or concerns after adopting this cat.

\_\_\_\_ If I am no longer able to care for this cat, I understand that I shall contact SCP at [pets2adopt@yahoo.com](mailto:pets2adopt@yahoo.com). Pets **shall not** be returned to adoption events without advance agreement. SCP will accept the cat back if foster space is available and the cat is considered adoptable.

\_\_\_\_ I accept possession and responsibility for the animal identified above and hereby release SCP from liability of injury or damages to persons, animals, or property caused in the future by this animal.

\_\_\_\_ I accept responsibility for all future veterinary care required by this animal. I understand that litter box problems may be a medical issue and will contact a veterinarian if issues arise.

\_\_\_\_ I agree to provide quality food, fresh water, shelter, humane treatment and veterinary care, including vaccinations for the life of the animal. I will comply with state/local ordinances concerning pet licensing and vaccinations.

\_\_\_\_ I understand that SCP is strongly against declawing any cat, as this procedure is inhumane. Therefore I will never declaw this cat and instead will:

- \_\_\_\_ Provide plenty of scratching posts for the cat to scratch on.
- \_\_\_\_ Utilize Soft Claws Nail Caps if it becomes necessary to protect my furniture.
- \_\_\_\_ Contact SCP for advice/assistance if scratching becomes an issue with the cat.
- \_\_\_\_ Return the cat to SCP rather than consider declawing.

\_\_\_\_ I will keep this cat indoors at all times.

\_\_\_\_ I will never relinquish this pet to an animal shelter. Instead I will contact SCP if I am unable to care for it.

\_\_\_\_ I understand that SCP has the right to reclaim any animal if any portion of the application form is found to be false or this agreement is not upheld.

\_\_\_\_ If I am adopting an animal that requires veterinary care, including, but not limited to, additional vaccinations, I understand that SCP has the right to reclaim the animal if veterinary care is not completed to the satisfaction of SCP.

Signature of New Owner: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

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 SCP Counselor: \_\_\_\_\_ Date: \_\_\_\_\_ Adoption Fee Paid: \_\_\_\_\_ Donation: \_\_\_\_\_

Payment Type: Check \_\_\_ (#: \_\_\_\_\_) Cash \_\_\_ Credit Card \_\_\_ (last 4 digits: \_\_\_\_\_)