



P.O. Box 1216
 League City, TX 77574
 E-mail: pets2adopt@yahoo.com
www.secondchancepets.org

CAT ADOPTION APPLICATION

FOR SCP USE ONLY: Cat's Name _____ SCP ID #: _____

Description _____ Male Female

Second Chance Pets (SCP) strives to place cats in compatible homes by matching traits exhibited by the cat with the adopting person's home environment and desired cat characteristics. SCP may conduct a home visit at its discretion. **So that the best interests of the cat are served, SCP reserves the right to refuse an adoption to anyone.**

To be considered for adopting a cat, you must:

- Provide identification showing present address. Renters must also provide proof that their pet deposit has been paid.
- Be willing and able to invest the time and money required to provide proper care for the cat.
- Be prepared to pay an adoption fee of \$100.00 (Preferred payment is cash or check payable to **SCP**)

Have you previously applied to or adopted from SCP? No Yes - Pet's name: _____

APPLICANT CONTACT INFORMATION (please print legibly)

Name: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Primary cell #: _____ Secondary cell #: _____ Other phone #: _____

E-mail: _____

Are you employed? No Yes Occupation: _____ # years with current employer: _____

RESIDENCE INFORMATION

Number of adults in household? _____ Number of Children? _____ Ages of children? _____

Does anyone have known pet allergies? _____ Explain: _____

Do you Own Rent # years: _____

Do you live in a House Condo Apartment Townhouse Mobile Home

If you do not own your residence, do you have the landlord's/owner's permission to have a cat? No Yes

Landlord/owner's name and phone: _____

If a pet deposit is required, has it been paid? No Yes

Will the adoption of this cat comply with your subdivision/apartment regulations? No Yes

Have all adults in the household been consulted and do they agree to this adoption? No Yes

Do you have a dog door that leads to the outside? No Yes

Would you allow a home visit by our personnel if deemed necessary? No Yes

CAT ADOPTION INFORMATION

Reason for adopting: Family companion Companion for current pet For child Gift Other: _____

Energy level preference: Low (lap cat) Medium High (very playful)

ANIMAL CARE INFORMATION

What preparations have you made (or will you make) to care for a new cat?

How long have you considered the decision to adopt a cat? _____

Who will be responsible for the cat's care (feeding, litterbox, take to vet)? _____

Can you invest the time and effort to allow this cat to adjust to its new home? No Yes

How long seems reasonable for this? _____

How will you transition the cat to your home?

Transition to a new home can be stressful and this may initially cause a cat to hiss, scratch or bite. If so, how would you handle that? _____

Where will this cat be kept during the day? _____ At night? _____

Where will this cat be kept when you go on vacation? _____

If your present relationship was to change, who would the cat remain with? _____

What would happen to the cat if you were to move? _____

If you had to give up this cat, what would you do with it? _____

If this cat were lost, what would you do? _____

If this cat required surgery or special care, what do you think you would do?

What do you consider valid reasons for giving up a cat? *(Mark all that apply)*

- Moving Having a baby Marriage or divorce Destructive behavior Not using litter box
 Not friendly Fleas Pet deposit Vet bills Other: _____

What will you do if this cat demonstrates the following behaviors?

Claws furniture/drapes: _____

Jumps on counters/furniture: _____

Stops using litter box: _____

Difficulty adjusting to household: _____

What cat traits do you consider undesirable? _____

What type of discipline will you use to help train the cat? _____

Do you have someone who will care for this cat longterm if you are no longer able to do so? No Yes

Name: _____ Relationship _____

Phone: _____ Email: _____

PET OWNERSHIP HISTORY

Experience with cats: First time cat owner Had cats growing up Have had a couple Have had many

Are or were they declawed? No Yes

Does or did your current/previous cat(s) go outside? No Yes On harness In own yard Supervised

Will your new cat be allowed on/in: Backyard Garage Patio Balcony N/A – inside only

The lifespan of a cat may be up to **20** years. Are you prepared to care for this cat for its natural life? No Yes

Are you familiar with: Feline Leukemia FIP FIV Feline Urological Syndrome?

PET OWNERSHIP HISTORY (continued)

Name of current/past Veterinarian used: _____ Phone #: _____

Name of pet(s) treated there: _____

How many pets do you have now? _____ List pets which you currently have in your household:

Species & Name	Neutered?	Sex?	Age?	Vaccines Current?	Where is the pet kept?

List the pets that you have previously owned:

Species & Name	Neutered?	Kept Where?	Duration Owned?	What happened to the pet? (If deceased please list cause of death)

I certify that all of the information on this Application Form is correct. I understand that the completion of this application does not guarantee approval of the adoption and that Second Chance Pets has the right to decline my application for any reason. By signing this application, I authorize my vet clinic to release medical information about any of my current or previous pets to Second Chance Pets. If the adoption is approved, my signature also authorizes SCP to use photographs of me, my family and the SCP cat I am adopting in printed material or any electronic devices including the internet.

Signature of Applicant: _____ Date: _____

Printed Name: _____

FOR SCP USE ONLY: Approved Denied – Reason for denial: _____

SCP Counselor #1: _____ Date: _____

SCP Counselor #2: _____ Date: _____