



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 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:

Type? - Cat, Dog, etc.	Neutered?	Sex?	Age?	Vaccines Current?	Where is the pet kept?

List the pets that you have previously owned:

Type? - Cat, Dog, etc.	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: \_\_\_\_\_