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## CAT ADOPTION APPLICATION

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

Description \_\_\_\_\_ Male / Female

SCP strives to place pets in compatible homes by matching traits exhibited by the pet with the adopting person(s) home environment and desired pet characteristics. SCP may conduct a home visit at its discretion. **So that the best interests of the pet 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 pet.
- Be prepared to pay an adoption fee of \$95.00 (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: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

### RESIDENCE INFORMATION

Number of adults in household? \_\_\_\_\_ Number of Children? \_\_\_\_\_ Ages of children? \_\_\_\_\_

Does anyone have known pet allergies? \_\_\_\_\_ Explain: \_\_\_\_\_

Do you  Own  Rent

Do you live in a  House  Condo  Apartment  Townhouse  Trailer Home

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

Landlord's/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

### ANIMAL CARE INFORMATION

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

How long have you considered this decision? \_\_\_\_\_

Who will be responsible for care of this cat? \_\_\_\_\_

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

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

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? \_\_\_\_\_

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  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? \_\_\_\_\_

If you become ill or die, who would care for your cat? \_\_\_\_\_

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

Cats often live **15** years or longer. Are you prepared to assume responsibility for that long?  Yes  No

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

How many pets do you have now? \_\_\_\_\_ Current Vet's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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 previous three pets which you have owned:

Type? - Cat, Dog, etc.	Neutered?	Kept Where?	Duration Owned?	What happened to the pet?

***I certify that the above information is correct - my signature below 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: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_