



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

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: _____

<p><u>FOR SCP USE ONLY:</u> <input type="checkbox"/> Approved <input type="checkbox"/> Denied – Reason for denial: _____</p> <p>SCP Counselor: _____ Date: _____</p> <p>Comments: _____</p>
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