



P.O. Box 1216
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www.secondchancepets.org

CAT ADOPTION APPLICATION

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 pet, you must:

- Be 18 years of age or older and have identification showing present address.
- 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**? _____

Name: _____

Address: _____ City/State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

E-mail: _____

CAT OR KITTEN ADOPTION INFORMATION

Do you want a cat for a: *(Mark all that apply)*

- | | | | |
|------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> House pet | <input type="checkbox"/> Outside Cat | <input type="checkbox"/> Company for other pet | <input type="checkbox"/> Children's pet |
| <input type="checkbox"/> Companion | <input type="checkbox"/> Mouser | <input type="checkbox"/> Gift for: _____ | <input type="checkbox"/> Other: _____ |

What preferences and personality traits are you wanting in a cat?

- | | | | |
|-----------------|--|--|------------------------------------|
| Coat: | <input type="checkbox"/> Short | <input type="checkbox"/> Medium | <input type="checkbox"/> Long |
| Activity Level: | <input type="checkbox"/> Calm | <input type="checkbox"/> Average | <input type="checkbox"/> Playful |
| Voice: | <input type="checkbox"/> Quiet | <input type="checkbox"/> Average | <input type="checkbox"/> Talkative |
| Disposition: | <input type="checkbox"/> Accepts Affection | <input type="checkbox"/> Initiates Affection | <input type="checkbox"/> Lap cat |
| Compatibility: | <input type="checkbox"/> Children | <input type="checkbox"/> Cats | <input type="checkbox"/> Dogs |
| Sex: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | |

Age: _____ Color: _____

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 pet? No Yes

Landlord's/owner's name and phone: _____

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

Will the adoption of this pet 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

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 pet? _____

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

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

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

How long seems reasonable for this? _____

If you had to give up this pet, what will you do with it? _____

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

If this pet 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 Fleas

Destructive behavior Not using litter box Not friendly Vet bills Having a baby

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 traits do you consider undesirable? _____

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? _____ List pets which you currently have in your household:

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

Signature of Applicant: _____ Date: _____

FOR SCP USE ONLY: Approved Denied

Pet's Name: _____ Id # _____ TDL: _____ Counselor: _____