Second Chance Pet Adoptions Application

www.secondchancepetadoptions.org Email Completed Applications to info@SecondChancePetAdoptions.org

Name:		Date:				
Address:		Home Phone #				
City/State/Zip		Cell Phone #				
Email		Work Phone #				
Name of Spouse/Signific	ant Other or Emergency	Contact and Phone #				
Occupation:	Employer	Years There				
Who will be responsible	e for the cat's care? (fee	ding, litter box, taking to vet)				
Age of primary caregive	er of cat					
Name of Desired Cat/K	itten	Second Choice				
Breed/Type Male[] Female[] No Preference[] Desired Age						
Energy Level Preference	e: Low (lap cat)[] Mee	dium[] High (very playful)[]				
Reason for Adopting: H	amily Companion[] Com	mpanion for Pet[] For Child[] Gift[] Mouser[]				
Experience w/Pets: Firs	t time pet owner[] Had	pets growing up[] Have had a couple[] Have had many[]				
Do you live in a: House	[] Apt[] Condo[] M	lobile Home[] Military[] Live w/parents[] Other[]				
How long there:	Do you: Own[] Rent[]				
If you rent, do you have	e permission from your	landlord to have a pet? Yes[] No[]				
Landlord Name		Phone #				
List all additional peopl	le in the household and	ages:				
Would you allow a hom	e inspection by our per	sonnel? Yes[] No[]				
Is anyone in your home	allergic to animals? Ye	s[] No[] Don't Know[]				
Do or have you owned a	my cats? Yes[] No[]	Have they been Felv/Fiv tested? Yes[] No[]				
Are or were they DeCla	wed? Yes[] No[]	Will your new cat be DeClawed: Yes[] No[]				
Does or did your curren	nt/previous cat go outsid	le? Yes[] No[] On Harness[] In own yard[]				
Will your new cat be all	owed on/in: Patio[] Gam	rage[]Balcony[] Do you have a doggy door:Yes[]No[]				
Where will the new cat	be kept: Indoor/Outdoo	or[] Indoor Only[] Outdoor Only[]				
How much time will the	e cat spend outside:					
Cats and kittens are kn	own to chew/claw furni	ture, carpets and drapes and dig in potted plants, etc.				
How will you deal with						

Children may be scratched or bitten by a pet (especially playful kittens). If so, how will you handle it?

On the first night h	ome, w	here will	the cat	t stay?						
How soon after the										
How many hours a										
How often do you t	e e									
Who will care for y				end/Relativ	ve[] Hou	se Sitter[]	Kennel	Other []		
What would happe										
The second se										
In what situation w Bites/Scratch[] Litt								v Baby[] Re-Marry[] [] Other[]		
Name of current/past Veterinarians used:					Phone #					
Name of Animals t	reated:									
Are you aware that	t cats no	eed regul	ar vacc	inations &	k require	routine ve	terinary (care? Yes [] No []		
Are you willing and										
Yes[] No[]		v	•		v			U		
What would you do	o if vou	r cat requ	uired ex	xpensive v	eterinarv	care?				
								t for its natural life?		
Yes [] No []	J	r	5	J J J						
Do you have someo	ne who	will care	e for th	e cat long	term if vo	ou are no l	onger abl	e to? Yes [] No []		
Address:				City		e # State Zip				
				_ enj				— ···		
Current Pets –										
Name & Type of Pet		Age	M/F Indoor or Outdoor		How Long Owned		Temperament			
		11ge	101/1					Temperament		
				1						
Past Pets –										
Name & Type of Pet	Age	M/F	Indoo	r or Outdoor	How Lon	g Owned	Status If	Deceased, Cause & Date		

As evidence by my signature below, I attest that the answers that I have given in this document are true and factual to the best of my knowledge and that I have not misrepresented myself in any way. I understand that the completion of this application does not guarantee me the adoption of a Second Chance Pet Adoptions cat and that Second Chance Pet Adoptions has the right to decline my application for adoption for any reason.

Applicant Signature /Date

Co-Applicant Signature /Date

Applications that are NOT APPROVED will be notified by email within 5 – 7 days. Email Address – please print _____