

Second Chance Pet Adoptions Application

www.secondchancepetadoptions.org

Fax Completed Applications to 714-965-2325

Petco – Leave in black mail box / PetSmart – slide under adoption center door

Name: _____ Driver's License # _____

Address: _____ Home Phone # _____

City/State/Zip _____ Cell Phone # _____

Email _____ Work Phone # _____

Name of Spouse/Significant Other or Emergency Contact and Phone _____

Occupation: _____ Employer _____ Years There _____

Who will be responsible for the cat's care? (feeding, litterbox, taking to vet) _____

Age of primary caregiver of cat _____

Name of Desired Cat/Kitten _____ **Second Choice** _____

Breed/Type _____ Male Female No Preference **Desired Age** _____

Energy Level Preference: Low (lap cat) Medium High (very playful)

Reason for Adopting: Family Companion Companion for Pet For Child Gift Mouser

Experience w/Pets: First time pet owner Had pets growing up Have had a couple Have had many

Do you live in a: House Apt Condo Mobile Home Military Live w/parents Other

How long there: _____ **Do you:** Own Rent

If you rent, do you have permission from your landlord to have a pet? Yes No

Landlord Name _____ **Phone #** _____

List any additional people in the household and ages: _____

Would you allow a home inspection by our personnel? Yes No

Is anyone in your home allergic to animals? Yes No Don't Know

Do or have you owned any cats? Yes No **Have they been Felv/Fiv tested?** Yes No

Are or were they Declawed? Yes No **Will your new cat be Declawed:** Yes No

Does or did your cat go outside? Yes No On Harness In own yard

Will your new cat be allowed on/in: Patio Garage Balcony **Do you have a doggy door:** Yes No

Where will the new cat be kept: Indoor/Outdoor Indoor Only Outdoor Only

Cats and kittens are known to chew/claw furniture, carpets and drapes and dig in potted plants, etc.

How will you deal with this problem? _____

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

On the first night home, where will the cat stay? _____
 How soon after the cat arrives will it be left alone? _____
 How many hours a day will the cat be left alone? _____
 How often do you travel/vacation? _____
 Who will care for your cat when gone: Friend/Relative[] House Sitter[] Kennel[] Other [] _____
 What would happen to the cat if you were to move? _____

In what situation would you consider giving up this cat? Divorce[] Move[] New Baby[] Re-Marry[]
 Bites/Scratch[] Litterbox Problems[] Other[] _____

Name of current/past Veterinarians used: _____ Phone # _____

Name of Animals treated: _____

Are you aware that cats need regular vaccinations & require routine veterinary care? Yes [] No []

Are you willing and financially able to provide veterinary care if the cat becomes sick or injured?

Yes[] No[]

What would you do if your cat required expensive veterinary care? _____

The life span of a cat may be up to 20 years. Are you prepared to care for this cat for its natural life?

Yes [] No []

Do you have someone who will care for the cat if you are unable to? Yes [] No []

Name: _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

Current Pets –

Name & Type of Pet	Age	M/F	Indoor or Outdoor	How Long Owned	Temperment

Past Pets –

Name & Type of Pet	Age	M/F	Indoor or Outdoor	How Long 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

If you are not contacted within five (5) days of submitting your application it means that it was NOT approved.