

****Please Note: Currently Google Chrome does not support the functionality to sign or submit your application. We recommend using Internet Explorer****



CAT ADOPTER PROFILE



SECOND CHANCE ANIMAL CENTER

PO Box 620
Shaftsbury, Vermont 05262
(t) 802/375-2898
(f) 802/375-0235

Date: ____/____/____

Please fill out this form completely. The information you provide will help us find the best cat for you.

ADOPTER'S INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

WORK PHONE:

EMAIL:

BACKGROUND INFORMATION

Adopting a cat brings with it a lot of responsibility, including annual veterinarian visits, vaccinations, and possible emergency care. This is more expensive than many people realize. Are you aware of and prepared to assume the responsibilities for your newly adopted cat? -Yes -No

I currently own a -House -Condo -Mobile Home For How Long? _____

I currently rent a -House -Condo -Mobile Home -Apartment

If you are renting, how long?
Years _____ Months _____

Landlord's Name:

Landlord's Phone Number:

I currently live with family or friends in a -House -Condo -Mobile Home -Apartment

How long?
Years _____ Months _____

Homeowner's Name:

Homeowner's Phone Number:

Are you a first-time cat adopter as an adult? -YES -NO

If NO, how many cats have you lived with?

List Veterinarian References:

Have you ever adopted from, or surrendered an animal to SCAC before? -Yes -No

If yes, what type of animal?

When?

Why?

Please list the cats and dogs that you currently live with or have lived with in your adult life:

Animal's Name	Type/Breed	Spayed/ Neutered?	Owned How Long?	Still Own?	If no, what happened?

I also currently live with:

-Other Pets: Describe:

-Children: How Many? Ages?

-Other Adults: How Many?

Do you or anyone in your family suffer from allergies? -Yes -No

YOUR NEW CAT: PHYSICAL TRAITS

Gender of cat you're looking for?
-MALE -FEMALE -DOESN'T MATTER

Age range you're looking for?
-KITTEN -YOUNG ADULT -ADULT
-SENIOR -DOESN'T MATTER

Looking for a declawed cat?
-YES -NO

Preferred Hair Length?
-SHORT -MEDIUM -LONG -DOESN'T MATTER

Do you plan to declaw your new cat?
-YES -NO

YOUR NEW CAT: OTHER TRAITS

What role would you like your new cat to play in your life?

- COMPANION/FAMILY PET -BARN CAT -OTHER (PLEASE EXPLAIN):

What traits would you like most in your new cat? [Check all that apply]

- ENERGETIC -CURIOUS -ALOOF -BOLD -AFFECTIONATE -SHY -TALKATIVE -FRIENDLY -SEDATE -QUIET
-LAP CAT -QUICKLY ADAPTABLE -OTHER (PLEASE EXPLAIN):

What behaviors would you have a hard time dealing with in your new cat? [Check all that apply]

- INAPPROPRIATE CLAWING -ESCAPING BEHAVIOR -SCRATCHING -BITING -STUBBORN -POOR MOUSER -NERVOUS
-NOT GOOD WITH OTHER PETS -POOR LITTERBOX HABITS -DIGS IN PLANTS/GARDEN -ALOOF -PLAYS ROUGH WITH CHILDREN
-TOO ENERGETIC -NOISY/MEOWS A LOT -SHY -GETS ON THE FURNITURE/COUNTER
-OTHER (PLEASE EXPLAIN):

If your new cat displays behavioral problems—such as poor litterbox habits, inappropriate scratching, etc.—how would you go about teaching him/her?

- CONTACT A PROFESSIONAL -USE A BOOK -PERSONAL KNOWLEDGE -CALL SCAC FOR ADVICE
-OTHER (PLEASE EXPLAIN):

LIFE AT YOUR HOME

Would you classify your home as:

- CALM -SOME ACTIVITY -EXTREMELY BUSY

What type of cat do you envision yourself owning?

- QUIET & CALM -MODERATELY ACTIVE -CONSTANT ENERGY

Would your new cat be living with or have any of these as neighbors or visitors? [Check all that apply]

- CHILDREN UNDER 10 -TEENAGERS -OTHER CATS (MALE) -OTHER CATS (FEMALE) -DOGS
-BIRDS -RABBITS/RODENTS -POULTRY -LIVESTOCK

About how many hours each day will your cat spend

- INDOORS: _____ HRS. -OUTDOORS: _____ HRS

Where will your cat spend the night?

- INSIDE -OUTSIDE

About how much time during the day will your cat spend alone; unsupervised without a human?

_____ HRS

In the shelter environment, it's difficult for us to determine if a cat is litterbox trained. Would you be able to tolerate a few accidents? -YES -NO

What kind of solution would you be willing to try if housebreaking accidents continue after the first week? [Check all that apply]

- MOVE LITTERBOX TO A NEW LOCATION -TRY DIFFERENT LITTER -ADD ANOTHER LITTERBOX -CLEAN LITTERBOX MORE OFTEN
-HAVE THE CAT EXAMINED BY A VETERINARIAN -INSTALL A CAT DOOR -NONE OF THE ABOVE
-OTHER:

I certify that the above information is true and correct to the best of my knowledge and that I understand that false information may result in the nullification of this adoption or the return of the animal to SCAC. We reserve the right to refuse any adoption for any reason. This completed profile is the property of SCAC and is not to be removed from the SCAC files without explicit approval of the Executive Director.

Applicant's Signature

Date

Parent/Guardian's Signature if under 18 years of age

Date

SCAC STAFF USE ONLY

Landlord approval? Y N Date of Contact: ___/___/___

Counselor Making Landlord Contact:

Household/Family Interviewed? Y N Interviewed: ___/___/___

Counselor Conducting Interviews:

Adoption Approval? Y N Date Adopter Contacted: ___/___/___

Counselor Making Approval:



Authorization to Release Information

I authorize the following to release information to Second Chance Animal Center as part of my adoption application approval process.

Veterinarian: _____

Landlord: _____

Applicant's Printed Name: _____

Address: _____

Signature: _____

Reason adoption denied:

Counselor Involved:

Supervisory Review: