

Second Chance Animal Shelter, Inc.
111 Young Road, P.O. Box 136
East Brookfield, MA
(508) 867-5525
(508) 867-5019 FAX

Cat Adoption Application

Cat Interested In:

Your Name:

Your Address:

Your City, State and Zip:

Your Home Phone # (with area code):

Your Employer:

Your Work Phone # (with area code):

Your Email Address:

Description of Living Situation:

House

Condo

Apartment

Mobile Home

Additional description of home:

Do you Rent or Own:

If you rent, what is your landlord's name:

Landlord's Phone Number:

Number of adults in household:

Do all adults in household know you wish to adopt:

Age(s) of children in household:

Do you have other pets:

If yes, please provide name, breed, age and gender of all animals in the household:

Who is your veterinarian (name, address, and phone number):

Are pets current on vaccinations:

Comments:

If you have other cats, have they been combo tested for Feline Leukemia (FELV) and Feline Aids (FIV):

Comments:

Are pets spayed/neutered:

Comments:

Where are they kept during the day:

Where at they kept at night:

How many hours a day/night is pet left alone:

Do you want your new cat to be:

Indoor Only

Outdoor Only

Indoor/Outdoor

If you don't have pets now, have you had pets in the past:

If yes, please list pet(s) breed, name, age, gender:

How long ago did you have this pet(s)?

If this pet's veterinarian was different from the one above, please provide name, address, and phone number:

How long did you have your last pet:

What happened to your last pet (please be as specific as possible):

Is this your first pet:

If this is your first pet, what vet do you plan to use (name, address, and phone number):

Where will you keep this new pet during the day:

Where will you keep this new pet at night:

How many hours a day will this new pet be left alone:

Please provide three references (name, address, and phone and/or email):

- 1.
- 2.
- 3.

Additional Comments:

I have reviewed my application and certify that the information provided on it is true and correct.

Full Name:

Date of submission: