



270 Wilson Rd, Oxdrift, ON
P.O. Box 343, Dryden, ON P8N 2Z1
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Second Chance Pet Network Mission Statement: To provide a safe haven for animals in need of a loving home, pending their adoption.

ADOPTION APPLICATION FORM - CAT

* PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND RETURN IT TO SECOND CHANCE PET NETWORK.
* APPLICATIONS WILL NOT BE PROCESSED IF INCOMPLETE.

SECTION 1:

Name of Applicant (please print): _____

Address (include postal code): _____

Telephone: _____ E-Mail: _____

SECTION 2: Which cat are you interested in? _____ Are you 18 years of age or older? _____

Name, age and relationship to applicant of all individuals residing in the same household: * If you need more space please attach separate page.

1. _____
2. _____
3. _____
4. _____

SECTION 3:

How many **CATS** do you currently own? _____ How many **DOGS** do you currently own? _____

Male: _____ Female: _____ Age: _____ Date of last vaccinations: _____ Spayed/Neutered: Yes No

Brief description of cat (s) and how it was acquired:

Male: _____ Female: _____ Age: _____ Date of last vaccinations: _____ Spayed/Neutered: Yes No

Brief description of dog(s) and how it was acquired:

Please list all other animals in your household and how they were acquired. Please attach separate page if necessary.

IF NOT SPAYED OR NEUTERED PLEASE EXPLAIN: _____

Are they up to date on their vaccinations? Yes _____ No _____ If NO please explain: _____

Name of Veterinarian who will be caring for your cat: _____

Are you aware that all pets adopted from SCPN **MUST** be spayed/neutered at the appropriate age?: Yes _____ No _____

Will you keep the cat indoors, outdoors or both?: _____

Are you aware of local animal bylaws/licensing requirements? If so, what are they?: _____



What is your opinion of declawing a cat? _____

Why do you want to adopt a cat? _____

Note: SCPN will microchip cat prior to adoption, and offers to microchip any other pet you own for a fee of \$25.00.

Do you or anyone you live with suffer from allergies to pets or have asthma? _____

Have you disposed of or given away any pets within the last 10 years? Yes _____ No _____

- If yes, please explain: _____

SECTION 4:

Do you live in a house, apartment or mobile home?: _____

Do you own, rent or live with your parents? _____

If you RENT, does your landlord allow pets? _____

Name and Phone Number of landlord: _____

Will you allow a SCPN representative to visit your residence to determine suitability prior to adoption? Yes _____ No _____

Will you allow a SCPN representative to call your veterinarian prior to the adoption? Yes _____ No _____

Under what name are your veterinarian records? _____

Who will be responsible for the care of the cat? _____

SECTION 5:

Are you employed? Yes _____ No _____ Name of Employer: _____

If you are not employed, what is your primary source of income?: _____

SECTION 6:

I hereby certify that the foregoing information is true and correct and that I have not omitted information which would make my application false or misleading.

Signature: _____ Date: _____

Please return your completed application, with supporting documents, to:

**SECOND CHANCE PET NETWORK, P.O. BOX 343, DRYDEN, ON P8N 1R5
or - DROP OFF AT TREASURES, 30 – 32 PRINCESS STREET, DRYDEN
or - DROP OFF AT SCPN SHELTER, 270 WILSON ROAD, OXDRIFT**

You will be notified once your application has been processed.

FOR OFFICE USE ONLY:

Application approved: Yes No

Signature of SCPN official: _____ Date: _____

Notes: