SHELTER USE ONLY								
☐ Approved	☐ Denied	Cat Name:	Pick-up Date:					
Vet Ref.:								
Rent Ref:								
Status Notes:								



1517 Meadow Street, Littleton, NH 03561 603-259-3244 www.secondchancear.org email - secondchancear.org@gmail.com

Adoption Application

Welcome to the Second Chance Animal Rescue. We are glad you have come to adopt a new pet from our shelter. The following information is requested so that we can assist you in the selection of a new pet. The consultation process is designed to help us determine if the adoption is in the animal's best interest and to assist you in finding an animal most compatible with your lifestyle. Second Chance Animal Rescue reserves the right to deny any adoption.

The Adoption Fee is \$120. Every Cat has been tested for FLV/FIV, will be micro-chipped, and will be up to date on Rabies and FVRCP vaccinations. Spay or neutering is included also.

To be considered as an adopter, you must:

- ✓ Be the intended owner and primary caretaker no third party adoptions are allowed.
- ✓ Be 21 years of age or older
- √ Have identification showing your present address
- ✓ Have the knowledge and consent of your landlord (if applicable), present proof or we can call.
- ✓ Have the knowledge and consent of all members of your household
- ✓ Be able and willing to spend the time and money necessary to provide medical treatment and proper care of the cat
- ✓ Currently own only spayed and neutered pets, and that they are up-to-date on their vaccinations (special circumstances may apply)
- ✓ Agree that you will not declaw the cat

Date of Application:	
Name of Applicant	
Are you 21 years of age or older? □ Yes □ No	
Street Address	
City, State, Zip	
Phone Email	
How did you hear about us?	
Are you currently employed? ☐ Yes ☐ No If not, then why?	
Employer name and phone number	

Residence: Own Rent Live with parents or roommates If rent, Landlord's name & address Phone number Do you have the building owner/landlord's consent to adopt a cat? Yes No									
My household consists of: ☐ Adults only ☐ Family with children over 10 years of age ☐ Family with children under 10 years of age ☐ Live alone Do you have the consent of all members of your household to adopt a cat? ☐ Yes ☐ No									
Current pets in household:									
	TYPE OF PET	AGE	SEX	SPAYED/NEUTERED	INDOOR/OUT OR BOTH	HOW LONG OWNED			
Past pe		1 11014/1	0110 0144	150	-40011101010	AFD OWNED			
-	TYPE OF PET	HOW LONG OWNED		NED RE	REASON NO LONGER OWNED				
Current veterinarian name & address									
	Phone number								
Do you have a specific cat/kitten in mind?									
Have you applied for adoption here or to another animal welfare or rescue group before? ☐ Yes ☐ No If yes, to whom & when									
-	ou ever surrendered or giv □ Yes □ No If yes, t	-	-	an animal welfare g	•	·-			
I certify that the information I have given is true. I agree to assume the emotional and financial responsibilities of providing my adopted cat(s) or kitten(s) with adequate food, housing and yearly and emergency medical care. I give permission for Second Chance Animal Rescue to contact my landlord and veterinarians.									
Signature				Date					