

SECOND CHANCE ANIMAL ADOPTION

P.O. Box 1925, Bonners Ferry, ID 83805

Shelter: 208-267-7504

Application for Feline Adoption

Pet's name: _____ Pet's #: _____

Applicant's name: _____ Ages of children: _____

Mailing address: _____ City & State: _____ Zip: _____

Address where pet will reside if different from mailing address:

Mailing address: _____ City & State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell: _____

e-mail address: _____

Driver's License #: _____ Are you over 18 yrs. of age? Yes _____ No _____

I own my home? _____ I rent my home? _____ If you rent please describe landlord's pet policy: _____

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

Landlord's Name: _____ Phone: _____

Do you have other pets or do you have livestock or chickens? Yes _____ No _____

If yes, how many and what type (please include farm animals). Are they fenced or free roaming?

Are your pets spayed/neutered? Yes ☐ No ☐ If not, please explain why:

Vet's name: _____ City: _____ Phone : _____

Where will your new pet spend most of its time?

Inside your home _____ Outside _____ Both _____ Barn _____

Does my home have a cat door where the cat can come and go? Yes _____ No _____

Where will pet sleep at night? _____

Have you had cats in the past? Yes _____ No _____

Do you currently have a cat? Yes _____ No _____

If you have more than one cat, how many do you have? _____

What are your plans for this pet if you can no longer provide a home? _____

Do all the people residing in your home want a new pet? Yes _____ No _____ If no, please explain:

Are you planning to move in the near future? Yes _____ No _____

Does anyone in your home fear cats? Yes _____ No _____

Is anyone in your home allergic to cats? Yes _____ No _____

Please list 3 references that we may contact concerning this adoption:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you ever returned to a shelter, given away or sold an animal? If so, please explain: _____

Where did you first learn about this pet?

BF Herald _____ Posters/fliers _____ Thrift Store _____ Petfinder _____ Nickelsworth _____ Referral _____

Other: _____

**Filling out this application does not guarantee the adoption of any particular animal.
Adoption is a 10-20 year commitment; please seriously consider this prior to adoption.**

SIGNATURE: _____ Date: _____

STAFF USE ONLY

Approved: _____ Denied: _____ Reason: _____

Signature: _____ Date: _____

Applications can be turned into Second Chance via:
Mailing: PO Box 1925 Bonners Ferry, Idaho 83805
Email: secondchanceanimaladoptionid@gmail.com
In Person: 6651 Lincoln Street, Bonners Ferry, ID