

**Southern Connecticut Animal Trust, Inc.**

P.O. Box 4717

Stamford, CT 06907

Phone: 203-359-1439

Non-Profit/Tax Exempt Organization

**APPLICATION FOR ADOPTION  
SUGGESTED DONATION OF \$75.00 PER CAT**

**(This fee is incurred to help defray the cost of spaying/neutering, age appropriate vaccines, testing for Feline AIDS and Leukemia, deworming, and checking for earmites, fleas, and ticks. The average cost of these services range between \$125 and \$175.)**

To be considered as an adopter, you must:

- Be at least 21 years old
- Have identification showing your present address
- Have the landlord's consent to bring an animal onto the property
- Have the knowledge and consent of all adults living in your household
- Be able and willing to spend the time and money necessary to provide medical treatment and proper care for a cat

**COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE  
ADOPTION OF A SCAT CAT**

Please answer the questions on both sides of this application.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment (Spouse): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Where do you live? Own Home \_\_\_\_\_ Own Condo \_\_\_\_\_ Rented House \_\_\_\_\_ Rented Apartment \_\_\_\_\_  
Rented Condo \_\_\_\_\_ Live with Parents \_\_\_\_\_ Live with Roommate(s) \_\_\_\_\_ Other \_\_\_\_\_

If renting: Name and phone number of landlord: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Will you move in the next few years? \_\_\_\_\_  
If yes, what will you do with your animal(s)? \_\_\_\_\_

How many adults live in your household? \_\_\_\_\_ Number/ages of children in household \_\_\_\_\_

Number and ages of other children who visit frequently? \_\_\_\_\_

Who are you interested in adopting this animal for? \_\_\_\_\_

Do you or does anyone living in your household have any known allergies to animals? \_\_\_\_\_ If YES, to what kind of animals and how severe is the allergy? \_\_\_\_\_

Do you travel a great deal? \_\_\_\_\_ If so, how will you provide for the animal while you are gone? \_\_\_\_\_

How much money do you expect to spend on an animal in a year (Keep in mind veterinary expenses, food, training, license fees, grooming and boarding fees) \_\_\_\_\_

Name and phone number of your veterinarian: \_\_\_\_\_

Who will be responsible for the care and cost of this animal? \_\_\_\_\_

Where will the pet be kept during the day? \_\_\_\_\_  
At night? \_\_\_\_\_

Describe any events that could possibly prevent you from keeping the animal for its lifetime: \_\_\_\_\_

Have you adopted from SCAT before? \_\_\_\_\_ When? \_\_\_\_\_ Do you still have the animal? \_\_\_\_\_

What animals do you currently have in your household?

Name	Type/Breed	Kept Where	Age	Spayed/Neutered?	Sex

Have you ever had an animal lost or stolen? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, when and under what circumstances? \_\_\_\_\_

Have you had any animal die from unknown causes in the past several months? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever brought an animal to an animal shelter? \_\_\_\_\_ Under what circumstances? \_\_\_\_\_

List the animals owned in the past other than those listed above:

Species/Breed	Kept Where?	Sex	Spayed/Neutered?	Time Owned	What Happened?

Since many shelter animals have unknown medical backgrounds, are you prepared to provide and pay for any necessary medical treatment? (Initial veterinary exam, vaccines and spay/neuter are provided by SCAT) YES \_\_\_\_\_ NO \_\_\_\_\_

Reason for adopting a cat? Mouser \_\_\_\_\_ Companion \_\_\_\_\_ Family Pet \_\_\_\_\_ Other \_\_\_\_\_

Type of cat desired: Adult \_\_\_\_\_ Kitten \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Declawed \_\_\_\_\_  
Indoor cat \_\_\_\_\_ Outdoor cat \_\_\_\_\_ Indoor/Outdoor cat \_\_\_\_\_

Do you plan to declaw this cat? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, why? \_\_\_\_\_

Is this your first experience with a cat? YES \_\_\_\_\_ NO \_\_\_\_\_

If you have children, is this their first experience with a cat? YES \_\_\_\_\_ NO \_\_\_\_\_

What type of temperament/personality would best fit into your household and lifestyle?  
\_\_\_\_\_

Would you be willing to have an in-home visit by a SCAT representative after the animal is adopted?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Cats require lots of your time, love and attention. The costs of owning a cat include food, vaccinations, sickness, boarding and training. Please consider these requirements when adopting a cat and be sure you are willing to commit to a new family member who will be with you for the next 10 to 20 years. Thank you for your time.

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For office use only:**

Name of Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_