



ADOPTION SURVEY

Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Thank you for considering the adoption of one of our wonderful animals. Understand that this can be a 10-15 year commitment to this animal. Our goal is to make the best possible match between people and animals. By answering the questions below, you will help us achieve the best possible match for you and your new companion.

Do you currently live in a: House _____ Apartment _____ Condo _____ Other _____

Do you currently: Rent _____ Own _____ Lease _____

If you are not the owner of the property in which you reside, you are hereby giving permission to the Norfolk Animal Care Center to verify your current pet policy.

Name of property owner _____ Phone Number _____

How many adults live in your home? _____ How many children? _____ Ages of children _____

Does anyone in your home have allergies to animals? _____

Who will be primarily responsible for this animal? _____

Is this animal a gift? Yes No If yes, for whom? _____

Which of the following reasons best describes your reasons for wanting this animal? (Check all that apply.)

Dog: Companion Guard dog/Watch dog Hunting Obedience dog/agility
 Jogging partner/Walking buddy Couch potato Companion for other pet

Cat: Companion Rodent control/mouser Barn\outdoor cat
 Lap cat Independent soul Companion for other pet

Bird/Small animal: Companion Classroom Companion for other pet Breeding

How many hours will the animal be left alone during the day? _____

Where will the animal be kept when no one is home? _____ At night? _____

Please list the animals you have had in the past 5 years, including current pets, and those you no longer have.

Name	Type of animal	Age	Sex	Still own? (if no, please explain)

Do you have a veterinarian? Yes No Name of veterinarian/clinic: _____

Are resident pets current with vaccines and city licensing (if applicable)? Yes No

Your adoption counselor will discuss the following with you:

- | | |
|--------------------------|------------------------|
| Adjustment to a new home | Health/veterinary care |
| Expense | Identification |
| Restraint laws/licensing | Exercise |
| Feeding | |

Which other topics would you like to discuss today? (Please circle all that apply)

- | | | |
|------------------------------|-------------------------|---------------------|
| Housetraining/Litter box use | Indoor vs. outdoor | Separation anxiety |
| Chewing | Crate training | Intro to other pets |
| Vaccines | Vacations with/out pets | Pets and kids |
| Declawing | Scratching posts | Training classes |
| Escaping | Barking | Heartworm |
| Other _____ | | |

Do you have any other questions or concerns about your new companion? _____

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing the privilege of adopting a pet. I understand that the Norfolk Animal Care Center has the right to deny my request to adopt an animal, and I authorize the investigation of all statements in the application.

Signature _____ Date _____

For Office Use Only:	
Adoption Counselor _____	Date _____
Animal # Name _____	
Approved _____ Denied _____ Pending _____ Reason _____	
Comments _____	

