



CITY OF NORFOLK
ANIMAL CARE CENTER



COMPANIONS CELEBRATED DAILY



CAT ADOPTION PACKAGE

CASE NUMBER

ADOPTER NAME

THE FOLLOWING ITEMS ARE NEEDED TO COMPLETE THIS PACKAGE:

PLEASE NOTE, ONLY COMPLETED PACKAGES WILL BE ACCEPTED FOR A CHOICE ON AN ANIMAL.

- PHOTO IDENTIFICATION
- CURRENT BILL TO YOUR ADDRESS
- RABIES CERTIFICATE FOR ALL PETS IN YOUR HOUSEHOLD
- CITY LICENSE FOR ALL PETS IN YOUR HOUSEHOLD (ONLY APPLIES TO NORFOLK RESIDENTS)
- HOMEOWNERS**—PROOF OF HOMEOWNERSHIP (DEED OF TRUST, MORTGAGE STATEMENT, ETC.)
RENTERS—LEASE AGREEMENT WITH PET ADDENDUM, PET DEPOSIT RECEIPT, OR A LETTER FROM A LANDLORD WITH CONTACT INFORMATION STATING YOU ARE PERMITTED TO HAVE PETS.
- COMPLETED CAT ADOPTION APPLICATION





CAT ADOPTION APPLICATION

SECTION A—PERSONAL INFORMATION

NAME

DRIVER'S LICENSE (STATE AND #)

STREET ADDRESS

____ YR(S) ____ MT(S)
HOW MANY YEARS THERE?

CITY

STATE

ZIP CODE

HOME TELEPHONE

ALTERNATE TELEPHONE

EMAIL ADDRESS

SECTION B—HOUSING INFORMATION

PART I—HOME OWNERSHIP

DO YOU OWN YOUR RESIDENCE? YES NO (IF YES, SKIP TO SECTION C)

PART II—LANDLORD INFORMATION

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

CONTACT NUMBER

SECTION C—EMPLOYMENT INFORMATION

EMPLOYER

STREET ADDRESS

____ YR(S) ____ MT(S)
HOW MANY YEARS THERE?

CITY

STATE

ZIP CODE

SECTION D—QUESTIONNAIRE

PART I—YES/NO

| | | |
|--|-----|----|
| HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR MISDEMEANOR INVOLVING ANIMAL CRUELTY, NEGLECT, OR ABANDONMENT? | YES | NO |
| ARE YOU AWARE THAT THE AVERAGE COST OF FEEDING AND CARING FOR A CAT IS ABOUT \$30.00 TO \$40.00 A MONTH, AND CAN BE SUBSTANTIALLY HIGHER? | YES | NO |
| ARE YOU AWARE THAT CATS FOUR MONTHS OF AGE AND OVER ARE REQUIRED TO BE VACCINATED FOR RABIES AND MUST BE LICENSED IN THE CITY THAT THEY RESIDE, AND THE LICENSE MUST BE RENEWED BY JANUARY 1ST OF EACH YEAR? | YES | NO |
| HAVE YOU EVER OWNED A CAT BEFORE? | YES | NO |
| HAVE YOU EVERY LITTER BOX TRAINED A CAT BEFORE? | YES | NO |
| DO YOU KNOW HOW OFTEN CATS NEED VACCINATIONS? | YES | NO |
| DO YOU INTEND TO DE-CLAW THIS CAT? | YES | NO |
| ARE YOU AWARE OF THE GROOMING REQUIREMENTS FOR THE CAT YOU HAVE SELECTED? | YES | NO |
| DO ALL MEMBERS OF YOUR HOUSEHOLD WANT A CAT? | YES | NO |
| ARE ANY MEMBERS OF YOUR FAMILY ALLERGIC TO CATS? | YES | NO |

PART II—SHORT ANSWER

WHY DO YOU WANT THIS CAT? _____

WHO WILL BE RESPONSIBLE FOR THE CAT'S CARE? _____

HOW MANY HOURS ON AVERAGE WILL YOUR CAT BE LEFT ALONE? _____

WHERE WILL THIS CAT BE HOUSED? _____

IF YOU HAVE TO MOVE, WHAT WOULD YOU DO WITH YOUR CAT? _____

HOW MANY PEOPLE ARE IN YOUR HOUSEHOLD? _____ ADULTS _____ CHILDREN

SECTION E—PET HISTORY

PLEASE LIST ALL YOUR CURRENT PETS IN THE HOUSEHOLD.

| NAME | BREED | SPAYED NEUTERED? | KEPT WHERE? | CURRENT ON VACCINES? | TIME OWNED? |
|------|-------|------------------|-------------|----------------------|-------------|
| | | | | | |
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| | | | | | |
| | | | | | |

PLEASE LIST ALL PETS OWNED IN THE LAST 10 YEARS.

| NAME | BREED | SPAYED/NEUTERED? | KEPT WHERE? | TIME OWNED | WHAT HAPPENED TO PET? |
|------|-------|------------------|-------------|------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SECTION F—VETERINARIAN

NAME OF PRACTICE

STREET ADDRESS

CITY

STATE

ZIP CODE

BUSINESS TELEPHONE

SECTION G—SIGNATURES

I CERTIFY THAT ALL THE INFORMATION GIVEN ON THE APPLICATION IS TRUE, AND I UNDERSTAND THAT ANY FALSE INFORMATION MAY VOID THIS APPLICATION. THE CITY OF NORFOLK ANIMAL CARE CENTER RESERVES THE RIGHT TO REFUSE ANY ADOPTION FOR ANY REASON.

APPLICANT SIGNATURE

DATE

I CERTIFY THAT THIS APPLICATION IS COMPLETE.

ANIMAL CARE CENTER REPRESENTATIVE SIGNATURE

DATE