ADOPTION SURVEY

Name______________________________________  Email____________________________________

Address____________________________________________________________________________________

City________________________________________  State___________  Zip___________________________________

Home phone ____________________  Work phone___________________  Cell phone___________________

Do you currently live in a:     House____   Apartment____  Condo _____   Other _______________________

Do you currently:       Rent____________   Own___________   Lease________________________________

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of animal</th>
<th>Age</th>
<th>Sex</th>
<th>Still own? (if no, please explain)</th>
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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

Which other topics would you like to discuss today? (Please circle all that apply)
- Housetraining/Litter box use
- Indoor vs. outdoor
- Separation anxiety
- 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 ____________________________________________