



City Of Pompano Beach Animal Control Division

COMMUNITY CAT CARE LOCATION

Date: _____ Registration #: _____

Care Location: _____

Name of Caregiver: _____

Name of Property Owner: _____

Mailing Address: _____

Phone: Home _____ Work _____

Cellular _____ Other _____

Email: _____

City of Pompano Beach Animal Control Division

(954) 786-4027

animalcontrol@copbfl.com

I hereby authorize the named individual or organization who is acting as a Community Cat Caregiver to provide care for cats in accordance with City Ordinance 90.22 upon my private property or on property which I have authority to grant such permission.

Printed Name

Signature