

\*\*\*\*\* For Office Use \*\*\*\*\*

Animal # \_\_\_\_\_ Approved  Not Approved   
 YVAS Staff Initial \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ YVAS Staff Init. \_\_\_\_\_

On Hold Pending: Landlord Approval  Cat's Health  Family Meet  Home Visit  Management Approval  Other \_\_\_\_\_

Details of Hold (Date, Time, Etc.): \_\_\_\_\_  
 \*\*\*\*\*

*Yellowstone Valley Animal Shelter* **CAT ADOPTION QUESTIONNAIRE**

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (1) \_\_\_\_\_ Phone (2) \_\_\_\_\_ E-Mail \_\_\_\_\_

Do you currently live in a  
 House  Apartment  Condo  Trailer  Other  \_\_\_\_\_

Do you currently Own  Rent  Lease  Rent/Lease Lot/Land

If you rent residence or land, what is the pet policy? \_\_\_\_\_

Landlord or Rental Agency Name \_\_\_\_\_ Phone \_\_\_\_\_

For Office Use Only:  
 Date Landlord Called \_\_\_\_\_ Pet OK? Yes  No   
 Comments \_\_\_\_\_ YVAS Staff Initial \_\_\_\_\_

How long have you lived at your current residence? \_\_\_\_\_

How many adults live in your home? \_\_\_\_\_ How many children? \_\_\_\_\_ Age(s) of children? \_\_\_\_\_

Does anyone in your household have pet allergies? Yes  No

Who will be primarily responsible for the care of this cat? \_\_\_\_\_

Is this cat a gift? Yes  No  If yes, for whom? \_\_\_\_\_

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

Companion  To Breed  For Kids  Mouser  Companion for pet   
 Other  \_\_\_\_\_

What attracts you to the cat you are interested in? \_\_\_\_\_

How long have you been looking for a new pet? \_\_\_\_\_

Will this cat be: Indoor Only  Outdoor Only  Indoor/Outdoor  Barn/Shop Cat

Do you plan to have the cat declawed (if it's not already)? Yes  No

Do you have a veterinarian? Yes  No   
 Veterinary Clinic Name \_\_\_\_\_

If you have other pets, are their vaccinations current? Rabies  Distemper

Bad cat habits that I just can not tolerate are: Biting  Marking/Peeing out side of litter box   
 Scratching Furniture  Jumping on counters  Fighting   
 Other \_\_\_\_\_

Under what circumstances would you not keep this cat? \_\_\_\_\_

When you move, what do you plan to do with this cat? \_\_\_\_\_

When you are out of town, who will be this cat's primary care giver? \_\_\_\_\_

List the pets you have had in the last 10 years including current pets and those you no longer own:

Breed or animal type	Age	Sex M/F	Spayed/Neutered	Owned how long?	Does the pet still live with you? If not, what happened to him/her?
			YES NO		
			YES NO		
			YES NO		
			YES NO		
			YES NO		
			YES NO		

Signed \_\_\_\_\_ Date \_\_\_\_\_