

Approved

Not Approved

Date _____ YVAS Staff Init _____

Yellowstone Valley Animal Shelter OTHER ANIMAL ADOPTION QUESTIONNAIRE

Animal ARMS # _____ YVAS Staff Initial _____ Date _____

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

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

Which of the following best describes your reasons for wanting this pet?

Companion To Breed For Kids 4H Project Companion for pet Other _____

What attracts you to the pet you are interested in? _____

Will this pet be: Indoor Only Outdoor Only Indoor/Outdoor Barn/Shop/Classroom

Do you plan to have the pet spayed or neutered? Yes No Maybe

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?
			YES	NO		If not, what happened to him/her?
			YES	NO		
			YES	NO		
			YES	NO		
			YES	NO		
			YES	NO		

Do you have a Veterinarian? Yes No

Veterinary Clinic Name _____

If you have other pets, are their vaccinations current? Yes No

If you have other pets, are they currently licensed? Yes No

Bad pet habits that I just can't tolerate are: _____

Under what circumstances would you not keep this pet? _____

When you move, what do you plan to do with this pet? _____

Signed _____ Date _____