

Animal # _____ Approved Not Approved
 YVAS Staff Initial _____ Date _____ Date _____ YVAS Staff Init. _____

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 _____

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 Barn Cat For Kids Mouser Companion for pet

Other _____

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

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

Too Vocal Too High Energy

Other _____

List the pets you have had in the last 5 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 _____

	Date	Initials	Comments
Landlord Check			
Chameleon Check			
Dog Meet			
Family Meet			
Cat Tested			
Address Verified			

Comments: