

Approved  Not Approved

Date \_\_\_\_\_ YVAS Staff Init \_\_\_\_\_

# Yellowstone Valley Animal Shelter OTHER ANIMAL ADOPTION QUESTIONNAIRE

Animal ID # \_\_\_\_\_ YVAS Staff Initial \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

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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

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 \_\_\_\_\_

How do you plan on socializing and exercising this animal? \_\_\_\_\_

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

Describe the enclosure that you will have for this animal \_\_\_\_\_

How many hours per day will this animal spend in this enclosure? \_\_\_\_\_

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

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		

Do you have a Veterinarian? Yes  No

Veterinary Clinic Name \_\_\_\_\_

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

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

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