

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

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**Yellowstone valley Animal Shelter WORKING CAT ADOPTION QUESTIONNAIRE**  
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Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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

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

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? \_\_\_\_\_

What type of outer building do you have?

Open Barn  Closed barn  Shop  Shed  Other  \_\_\_\_\_

Is this building heated? Yes  No

Do other animals live in this building? Yes  No

If yes what kind? \_\_\_\_\_

Do you live on a road? Yes  No

If yes what is traffic like? Heavy  Medium  Light

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

What kind of foot traffic does your out building have? Heavy  Medium  Light

Do you have a secure confined area for the cat to be kept safe during the 2-4 week transition period? Yes  No

What type of cat are you looking for? Feral  Semi-feral  No preference

Are you looking for a Male  Female  No preference

What age would you prefer? 6 months to a year  Older than a year  No preference

What is the level of predatory traffic you have on your property? Heavy  Medium  Light  None

What type of predatory animals are around your property?

Mountain Lions  Coyotes  Dogs  Feral Cats  Birds  Other \_\_\_\_\_

Do you have a veterinarian? Yes  No

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

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

If applicable would you like a YVAS volunteer to come out to your property to help you set up the cat for its 2-4 week transition period? Yes  No

How many barn cats would you like? \_\_\_\_\_

List the domesticated animals this barn cat will come in contact with:

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 \_\_\_\_\_

	<b>Date</b>	<b>Initials</b>	<b>Comments</b>
<b>Chameleon Check</b>			
<b>Google Earth Check</b>			