

Yellowstone Valley Animal Shelter

Behavior Profile

Date _____ Time _____ Species: Dog Cat Other _____
 Animal Name _____ Age _____
 Breed _____ Color/Markings _____
 Sex: Male Female Spayed/Neutered: Yes No
 How long as this animal been in your care? _____ How many homes has the animal had? _____
 Where did you get the animal? YVAS Other Shelter - Name _____
 Pet Store Newspaper Friend/Relative Breeder Found as a stray Born in my home
 Other _____

MEDICAL INFORMATION

Has your animal been to a veterinarian? Yes No Not sure
 Veterinarian _____ Clinic Name _____
 City & State _____ Last Visit? _____
 Has your pet been hit by a car, injured, or required other surgery? Yes No Not sure
 If yes, please explain _____
 Has your pet been diagnosed with and/or treated for any minor or major medical conditions or on a special diet? Please list and explain.

How many adults live in your home? _____ How many children? _____ Age(s)? _____
 Please list the other animals (including livestock) living at residence:

Animal Type/Breed	Spayed or Neutered		Gender		Age
	YES	NO	M	F	
	YES	NO	M	F	
	YES	NO	M	F	
	YES	NO	M	F	
	YES	NO	M	F	

AGGRESSION

Have you ever witnessed aggression from this animal? Yes No
 If yes, please explain: _____
 Has this animal ever bitten a person? Yes No (if yes, was the bite within the last ten days Yes No)
 Please tell us the circumstances surrounding the incident(s):

 Has this animal received a warning or ticket for potentially dangerous or dangerous animal through Animal Control? Yes No

CATS

Type of cat: Indoor only Outdoor only Indoor/Outdoor

How would you describe your cat most of the time? *(Check all that apply)*....

- Independent Lazy Talkative Quiet Playful Escape artist Hunter Fearless
 Fearful Needy Friendly Other _____

How is your animal with kids? _____

How does the cat act around strangers? Friendly Shy Hides Not sure

Good with dogs? Yes No Some Not sure

Good with cats? Yes No Some Not sure

Is your cat declawed? Yes No

If yes: Front Back All

Is the cat allowed on furniture? Yes No

Does the cat jump on counters? Yes No

What type of food does your cat eat? Wet Dry Brand _____

Is this cat litter box trained? Yes No Sometimes

What kind of cat litter are you currently using? Clumping Non-clumping Pellet Other _____

Has the cat ever urinated outside the litter box? Yes No If yes, please explain _____

Are there any other things that your cat likes or dislikes?

Is there anything else a future owner should know about the pet you are surrendering? _____

I certify that to the best of my knowledge, I have disclosed all of the information about the animal concerning health, behavior, history, and anything else that may affect the safe placement of the animals in a new home.

Signed _____ Date _____