

..... **For Office Use**

Animal Name _____ Approved Not Approved YVAS Staff Initial _____

Yellowstone Valley Animal Shelter OTHER ANIMAL ADOPTION APPLICATION

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 Rent/Lease Lot/Land

How many adults live in your home? _____ How many children? _____ Age(s) of children? _____

Who will be primarily responsible for the care of this pet? _____

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

Which of the following best describes your reasons for wanting this pet? (check all that apply)

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 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 **currently** have in your home:

Breed or animal type	Age	Sex M/F	Spayed/Neutered		Owned how long?
			YES	NO	
			YES	NO	
			YES	NO	
			YES	NO	
			YES	NO	

Signed _____ Date _____