Yellowstone Valley Animal Shelter
WORKING CAT ADOPTION APPLICATION

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? ____________________________

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

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 kinds of animals? ___________________________________________________

What is the street traffic like near property? Heavy □ Medium □ Light □

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 □

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 __________________________

How many barn cats would you like? ____________________________________________

How did you hear about our Working Cat program? ________________________________

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

<table>
<thead>
<tr>
<th>Breed or animal type</th>
<th>Age</th>
<th>Sex</th>
<th>M/F</th>
<th>Spayed/Neutered</th>
<th>Owned how long?</th>
<th>Does the pet still live with you? If not, what happened to him/her?</th>
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Signed ___________________________ Date ___________________________

Revised May 2022 TS