

Animal Name _____ **For Office Use** Approved Not Approved YVAS Staff Initial _____

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:

| 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 | | |

Signed _____ Date _____