

STAFF USE ONLY

Date _____

Animal Name _____

Animal ID# _____

Hold Date _____

Hold Time _____

First Hold Second Hold Notify Available Notify Adopted No Show



2405 West Birchfield Road
Yakima, WA 98901
Ph. (509) 457-6854 • Fax (509) 457-6919
www.yakimahumane.org

Pre-Adoption Questionnaire – Cat / Kitten

First Name: _____ Last Name: _____

Drivers License/ID #: _____ Date of birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address (required for 30 days of free Pet Insurance): _____

Emergency Contact (required for microchip registration): _____ Phone: _____

Household:

Do you live in: House Condo Mobile Home Parents Home Apt., Complex Name: _____

Do you: Rent Own If renting, Landlords Name: _____ Phone: _____

Please list the names of all your household members. Include ages for household members under the age of 18.

For whom are you adopting this pet? Self Children Family Gift Other Pet Other: _____

Who will be primarily responsible for the care and supervision of the animal? _____

Will this cat be in the presence of children frequently? Yes No If yes, what ages? _____

Do any household members have known allergies to cats? Yes No

Have you ever declawed a cat? Yes No If yes, for what reason? _____

Would you ever consider declawing a cat? Yes No

Long Term Care:

What will happen to this cat if you move? _____

Do you have a Veterinarian for your pet(s)? Yes No N/A Name of clinic: _____

Approximate date of last vaccinations for your current pet(s): _____

Please list the pets that you have had in the past **five** years (both current and those you no longer own):

Breed/Type	Age	Gender	Spayed/Neutered	How long owned?	What happened to him/her?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I CERTIFY THAT THIS INFORMATION IS TRUE AND UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION.

I understand that this questionnaire remains the property of the Yakima Humane Society.

Signature (over 18 years): _____ Date: _____

Thank you for completing this questionnaire. Please return it to the Adoption Desk so that we may review it with you. The entire adoption process usually takes at least a half hour.