### PET PRE-SCREEN

*(determination if pet suitable for fostering)*

Complete this form to determine if pet(s) meet criteria for fostering.

If possible, complete when the survivor first contacts the shelter prior to arriving.

Is the pet an allowable animal? (species, size, etc - shelter specific)

* Dog
* Cat
* Caged pet

Has your pet(s) been aggressive towards other animals or humans? Yes No

If yes, describe the circumstances.

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Staff assessment if situation is manageable by foster guardian: Yes No

Has your pet(s) ever bitten or scratched anyone? Yes No

If yes, describe the circumstances.

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Staff assessment if situation is manageable by foster guardian: Yes No

Is your pet(s) house-trained/litter-box trained? Yes No

If no, describe what accommodations are needed.

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Are your pet(s)’ vaccinations up-to-date? Yes No Not sure

If no, list the vaccinations that need updating.

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Does your pet(s) need any immediate veterinary care? Yes No

If yes, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet(s) received flea/tick/parasite prevention treatment? Yes No Not sure

Intake Decision:

Staff approval for intake of animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident referred to alternative pet sheltering program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_