Household Pet Questionnaire

This document is to be completed during the initial home study, for the annual home study update and at the annual re-evaluation. **At no time is a foster child to be left alone with a potentially dangerous animal unless safety is affirmed on the Veterinarian Statement.** *If the household has no pets, please check the box below and sign/date the bottom of this form.

Resource Parent(s): __________________________

**☐** This home has no pets. __________________________

Name of Pet(s): __________________________

Total number and type of household pets? __________________________

What breed of pet? (if applicable) __________________________

How long have the pets resided in the home? __________________________

Where were the pets acquired? __________________________

Are the pets registered/licensed? __________________________

Are the pets current with all vaccinations? __________________________

Are there any histories of aggression? If yes, please explain: __________________________

How are the pets disciplined? __________________________

What kind of contact will the child have with the pets? __________________________

How are the pets housed? __________________________

Have the pets participated in formal obedience training? __________________________

Have the pets bitten anyone? __________________________

Were the pets ever trained as an attack or guard dog? __________________________

Do the pets require restraint by the owner when people are present? __________________________

Resource Parent(s) Signature & Date: __________________________

Worker Signature & Date: __________________________

Supervisor Signature & Date: __________________________
UMFS VETERINARIAN STATEMENT
Required with each re-evaluation dependent on breed

We understand that any statements regarding health, safety or well being must be based on the health of the animal at the time of their visit with you, the behavior you observe or experience with the animal during their visit, or that which is reported to you by the animal’s family. When filling out this questionnaire, if the animal is a dog, we also ask that you take into account their breed, in addition to what you know about the animal.

Name of pet owner: ___________________________ Name of pet: ___________________________

Type of Pet: _______________________________________________________________________

If this form is not required at this time, please check the reason why and sign the bottom of the form:
☐ This home has no pets. ____________________________________________________________
    RP Signature ___________________________ Date ____________

☐ A veterinarian statement is not needed at this time based on the breed of the dog.

________________________________________________________________________________
  RP Signature ___________________________ Date ____________

If this form is applicable at this time, please have a veterinarian complete the items below:

To be filled out by Veterinarian:

How long have you known this family? ___________________________

How long have you worked with this pet? ___________________________

To your knowledge, please indicate if the above named animal has a history of aggression?
    Yes    No

If yes, please explain:

In your opinion, based on this animal’s visits with you, are you aware of anything that might negatively impact the health, safety or well being of children in the home?

    Yes    No

Based on the animal & their behavior (and breed if it is a dog), in your opinion, would this animal be a good match for children under 12?    Yes    No

For children over 12?    Yes    No

Other comments/recommendations?

Date Statement Signed: ___________________________

Signed: ____________________________________________________________________________
    (Veterinarian Signature)

________________________________________________________________________________
    (Printed Name)