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 pets: Yes ____ No ____  
______________________________
RP Signature(s) and Date

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:
VETERINARIAN STATEMENT

Required with each re-evaluation dependent on breed

If this form is not required at this time, please check the reason why and sign below:

This home has no pets. ____________________________________________ __________________________ ____________

RP Signature Date

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

__________________________________________ __________________________ ____________

RP Signature Date

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 Dog: ____________________________

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? __________________________________________

Signed: __________________________________________ Date Statement Signed: ____________

(Veterinarian Signature)

__________________________________________

(Printed Name)