

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: _____

(Veterinarian Signature)

Date Statement Signed: _____

(Printed Name)