

FOSTER  
APPLICATION



# Ketchikan Humane Society PRE-ADOPTION QUESTIONNAIRE- Cat/Kitten

Mail this application to: P.O. Box 6243, Ketchikan, AK 99901  
or, Email this application to: [ktnhumanesociety@yahoo.com](mailto:ktnhumanesociety@yahoo.com)  
907-821-0274

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Spouse/Partner Occupation/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your e-mail Address: \_\_\_\_\_

How did you hear about the Ketchikan Humane Society? \_\_\_\_\_

To ensure this adoption is in the best interest of both you and the pet you select, we ask that you answer the following questions. Though it may take time to complete, please bear in mind that you are considering making a commitment to feed, shelter, protect and love an animal for the rest of his/her life, and we want to be sure that this is the pet that best suits you. **To adopt from KHS all dogs and cats in your home need to be current on vaccinations and spayed/neutered unless not advised by your veterinarian. We will check with your veterinarian.**

Briefly describe why you would like to adopt a cat/kitten:  
\_\_\_\_\_

Do you live in:  House  Condo  Mobile Home  Apt Complex name: \_\_\_\_\_

Do you:  Rent  Own  Lease to buy

***If you rent, lease to buy or live in a condo we will need a landlord/complex permission letter.***

Please name all adult household members and other significant adults this cat will interact with

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Number of children UNDER the age of 18: \_\_\_\_\_ Their ages? \_\_\_\_\_

For whom are you fostering this pet?  Self  Children  Family  Gift  Other Pet

Other reason? \_\_\_\_\_

Who will be primarily responsible for the care and supervision of this pet?  
\_\_\_\_\_

Do any household members have known allergies to dogs/cats? \_\_\_\_\_

How much do you expect to spend **annually** for food, medical care, proper shelter, toys, licenses, grooming, and other expenses? \_\_\_\_\_

How long are you prepared to care for this cat? \_\_\_\_\_

What will you do with this cat/kitten if you move? \_\_\_\_\_

Are you prepared to seek veterinary care when this cat is sick or injured? \_\_\_\_\_

Under what circumstances would you give this cat/kitten up?  
\_\_\_\_\_

As an adult, have you owned a cat? \_\_\_\_\_ Was it spayed/neutered? \_\_\_\_\_

If no, why not? \_\_\_\_\_

Did you have it declawed? \_\_\_\_\_ If so, why? \_\_\_\_\_

What bad habits or destructive behavior will you not tolerate? \_\_\_\_\_

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What will you do if the cat uses your furniture as a scratching post?  
\_\_\_\_\_

How many hours each day will this cat be WITHOUT human companionship? \_\_\_\_\_

Are there other pets in the house? \_\_\_\_\_

List the pets you have had in the past 5 years – both current pets and those you no longer have:

Breed/Type      Age      Spayed/Neutered?      How long owned?      What happened to it?  
\_\_\_\_\_  
\_\_\_\_\_

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Who is your vet? \_\_\_\_\_ Phone Number? \_\_\_\_\_

Please provide 2 references (no relatives) from whom we can learn more about you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Who is your landlord/property manager/or lease to owner? \_\_\_\_\_

Their contact info: \_\_\_\_\_

**You will need to provide KHS with a written letter from your landlord/property manager/owner. If you do not provide a landlord letter with your application we will assume you are not allowed to have a pet in your rental property.**

I understand that pets adopted from Ketchikan Humane Society MUST be offered back to us if I can no longer care for them. Signed: \_\_\_\_\_

I understand that declawing a cat is painful and cruel to the cat and I cannot have this cat declawed. Signed: \_\_\_\_\_

I CERTIFY THAT THE ABOVE IS TRUE AND UNDERSTAND FALSE INFORMATION MAY RESULT IN NULLIFYING MY ABILITY TO ADOPT FROM KETCHIKAN HUMANE SOCIETY. I UNDERSTAND THAT THIS QUESTIONNAIRE REMAINS THE PROPERTY OF THE KETCHIKAN HUMANE SOCIETY (KHS). BY SIGNING THIS, I AGREE TO ALLOW KHS TO ACCESS MY VETERINARY RECORDS.

SIGNED: \_\_\_\_\_ ( I am over 21 years) DATE: \_\_\_\_\_

**All cats are spayed/neutered before adoption. We are an all-volunteer organization. It will take a week, or longer, to process your application. Thank you for completing this questionnaire.**