



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 907-821-0274

Name:	H	Home Phone:			
Cell phone:					
Home Address:	Ci	ty:	State	·	_ Zip:
Mailing Address:					
Occupation:		Employer:			_
Spouse/Partner Occupation/Employer:			F	hone:	
Your e-mail Address:					
How did you hear about the K	etchikan Huma	ne Society?			
To ensure this adoption is in the the following questions. Though it considering making a commitment and we want to be sure that this is your home need to be current on veterinarian. We will check with Briefly describe why you wou	it may take time nt to feed, shelter s the pet that bes vaccinations and your veterinaria	to complete, plea , protect and lov t suits you. To a spayed/neutered	se bear in mir e an animal fo <mark>dopt from KH</mark>	nd that you r the rest <mark>(S all dogs</mark>	u are of his/her life, and cats in
Do you live in: ☐ House ☐ C Do you: ☐ Rent ☐ Own ☐	ondo □ Mobil		t Complex n	ame:	
If you rent, lease to buy or live	<mark>e in a condo w</mark> e	<mark>e will need a la</mark>	ndlord/comp	lex perm	ission letter.
Please name all adult househol Name:	ld members and	l other significa	ant adults this	s cat will	interact with
Name:		Name:			
Number of children UNDER to	he age of 18: _	Their ag	es?		
For whom are you adopting th Other reason?	•	☐ Children	☐ Family	□ Gift	☐ Other Pet
Who will be primarily respons	ible for the care	e and supervision	on of this pet	?	
Do any household members ha	ave known aller	gies to dogs/ca	ts?		
How much do you expect to sp	end annually	for food, medic	al care, prop	er shelter	, toys,
licenses, grooming, and other	expenses?				
How long are you prepared to	care for this car	t?			

What will you do w	rith 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?					
If no, why not?					
Did you have it dec	lawed? If so, why?				
What bad habits or	destructive behavior will you not tolerate?				
What will you do if	the cat uses your furniture as a scratching post?				
How many hours ea	ach day will this cat be WITHOUT human companionship?				
Are there other pets	in the house?				
List the pets you ha	ve had in the past 5 years – both current pets and those you no longer have:				
Breed/Type Ag	ge Spayed/Neutered? How long owned? What happened to it?				
Who is your vet?	Phone Number?				
Please provide 2 ref	Gerences (no relatives) from whom we can learn more about you:				
-	Relationship: Phone:				
	Relationship: Phone:				
Who is your landlo	rd/property manager/or lease to owner?				
Their contact info:					
•	le KHS with a written letter from your landlord/property manager/owner. If you do not				
	r with your application we will assume you are not allowed to have a pet in your rental				
property.	to adopted from Vetabilian Hymana Casiaty MIICT ha offered heals to us if				
-	ets adopted from Ketchikan Humane Society MUST be offered back to us if				
_	For them. Signed:				
	clawing a cat is painful and cruel to the cat and I cannot have this cat				
I CERTIFY THAT TH	E ABOVE IS TRUE AND UNDERSTAND FALSE INFORMATION MAY RESULT				
IN NULLIFYING MY	ABILITY TO ADOPT FROM KETCHIKAN HUMANE SOCIETY. I				
	T THIS QUESTIONNAIRE REMAINS THE PROPERTY OF THE KETCHIKAN				
	(KHS). BY SIGNING THIS, I AGREE TO ALLOW KHS TO ACCESS MY				
VETERINARY RECO					
	(I am over 21 years) DATE: d before adoption. We are an all-volunteer organization. It will take a week, or longer, to process your				
	completing this questionnaire.				