

# Kitty Kat Haven

## Cat Foster Questionnaire

[www.kittykathaven.org](http://www.kittykathaven.org)

Welcome to Kitty Kat Havens' foster program. We request the following information so that we can assist you in the selection of a new cat. This form and a consultation with a Kitty Kat Haven representative are designed to help you find the cat most compatible with your lifestyle.

**To be considered as a foster, you must:**

- Be 18 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord

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

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Which pets are you willing to foster? (Please check all that apply)

Adult cat(s) \_\_\_ Special needs cat(s) \_\_\_ Lease for Life(s) \_\_\_

**Home life**

How many pets do you have presently? \_\_\_ Dogs \_\_\_ Cats \_\_\_ Others, please list here:

\_\_\_\_\_

Do you live in: Apartment \_\_\_ House \_\_\_ Mobile Home \_\_\_ Other: \_\_\_\_\_

How long have you been at your current address? \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_

How would you describe your household - Active \_\_\_ Quiet \_\_\_ Other \_\_\_\_\_

Do you have a place in your home where the animals can be kept isolated from family pets (this may be a room within your home) Yes \_\_\_ No \_\_\_ If yes, please describe the location(s): \_\_\_\_\_

\_\_\_\_\_

Name(s) of other adult(s) in the household \_\_\_\_\_

Do you have any children living in your home? Yes \_\_\_ No \_\_\_

If yes, please list their ages: \_\_\_\_\_

\_\_\_\_\_

**Current pets**

Name	type of animal	Age	Indoor/Outdoor?	Time in your care	Spayed/Neutered
					Yes ___ No
					Yes ___ No
					Yes ___ No

If you have more pets, please continue below.

Do your pets have their vaccinations? Yes \_\_\_ No \_\_\_ How often do they go the veterinarian? \_\_\_\_\_

Are any of your cats declawed? Yes \_\_\_ No \_\_\_

**Past Pets**

If you ever lost a pet due to accident or illness, please describe what happened: \_\_\_\_\_

Have you ever had a cat in your home that was diagnosed with Panleukopenia? Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_\_ Describe circumstances: \_\_\_\_\_

Do you currently have a cat in your home that is diagnosed with FIV or Feline Leukemia?

FIV? Yes \_\_\_ No \_\_\_ Feline Leukemia? Yes \_\_\_ No \_\_\_

If yes for Feline Leukemia, describe circumstances: \_\_\_\_\_

**Veterinary care**

Name & phone number of your veterinarian: \_\_\_\_\_

By signing this form, I acknowledge that all information on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return to:*

Valarie Filer –360-508-6112  
Email: [kittyhavenwa@gmail.com](mailto:kittyhavenwa@gmail.com)  
Mail: PO Box 306  
Chehalis, WA 9853

Any thing else we should know?