



For Our Friends, Inc.
P.O Box 203
Oakland Gardens, NY 11364
<http://www.forourfriends.org>

FOR OUR FRIENDS, INC. ADOPTION/FOSTER APPLICATION

Name of Pet you are interested in:

Are you interested in Fostering or Adoption:

PERSONAL INFORMATION

Name

Spouse's Name

Current Address

Cell Phone

Home or Work Phone

Best time to call?

Current Occupation

Work Hours

How long have you been at your current employer?

Spouse's Occupation

Work Hours

How long at current employer?

How many adults are there in your home?

How many children are there in your home? Include ages

HOME

Do you own or rent?

How long at current address?

Is your yard securely fenced in?

How high is the fence?

If you rent:

Are pets allowed?

Any breed or size restrictions?

Landlords name and phone number

LIVING ENVIRONMENT

Who will be in charge of the pet's daily care?

Where will the pet spend most of the day?

Where will the pet sleep?

| | |
|--|----------------------|
| How long will the pet be left alone? | |
| Please describe the activity level in your house | |
| Are there other pets in the household? Please list type, age and health condition: | |
| 1- | |
| 2- | |
| 3- | |
| 4- | |
| Tells us about your previous pets. Please include type of pet and history: | |
| 1- | |
| 2- | |
| 3- | |
| 4- | |
| TRAINING | |
| Please explain your past experience with training, if any | |
| Are you willing to work with a trainer? | |
| REFERENCES | |
| Veterinarian Reference, please include Name and Phone number | |
| Name of Vet and Office | Phone Number: |
| | |
| If no Vet reference available, please provide the name and phone number of 3 personal references Please do NOT include family members | |
| Name of Personal Reference: | Phone Number: |
| 1- | |
| 2- | |
| 3- | |
| ADDITIONAL INFORMATION | |
| Please provide any additional information we should know about you and your family | |
| | |