



ADOPTION/FOSTER APPLICATION

Please complete the application in its entirety. Incomplete applications will delay processing.

We are a volunteer group and will process your application as quickly as practical. We do NOT do same day adoptions. It normally takes 2 - 4 days for a Board decision. Please check your email as we do correspond with follow-up questions via email.

PLEASE PRINT LEGIBLY. You will receive a final response via phone or email.

Name: _____ Date of Birth: _____ Phone#: () _____

Address: _____ City: _____ Zip: _____ Length at Address Listed _____

Which describes your home? o House o Apartment o Condo o Mobile o Farm

Do you? o Own o Rent If you rent, we will call to confirm pets are allowed.

Name of Landlord or Complex: _____ Phone #: () _____

Required: Email Address (please print): _____

Employer: _____ Job Title: _____ Work Phone #: () _____

Table with 5 columns: Full Name Of All Household Members, Date of Birth, Employer, Job Title, Allergies/Asthma. Includes instructions to continue on back if over 6 people.

Ages of Children who visit household: _____

Have you or any member of your household been convicted of a crime against animals? o Yes o No

o Adopt o Foster

I am interested in (Name of cat): _____

If undecided, are you looking for a: o Cat o Kitten o Male o Female

Reason for wanting a pet: o Family Pet o Child's Pet o Barn/Mouser o Breeding o Companion (Select as many as apply)

Is this pet a gift? o Yes o No If yes, who is the recipient? _____ Age _____

Would this be an: o Inside o Outside o Inside and Outside Animal

Do you plan to declaw? o Yes o No

Where would this animal sleep? _____

Who will be responsible for caring for the pet on a daily basis? _____

How many hours per day will the pet be home alone? _____

Will you spay or neuter this pet? o Yes o No o Unsure

If this pet becomes ill or injured, are you able and willing to spend \$500 or more for veterinary care? o Yes o No

Where will you keep your pet while gone? _____

PLEASE TURN OVER

Please list all CURRENT PETS living with you and the veterinarian who has all their vet history:

Name of Pet	Cat/Dog/Other	Breed, if dog	Age	Years With You?	Spay/Neutered?	Where kept? (Circle)
						IN OUT BOTH
						IN OUT BOTH
						IN OUT BOTH
						IN OUT BOTH
						IN OUT BOTH

Name of Veterinarian: _____ Phone #: () _____

Please list all PREVIOUSLY OWNED PETS from the last 10 years and the name of the veterinarian(s) who provided care:

Name of Pet	Cat/Dog/Other	Age	Years With You?	Spay/ Neutered?	What Happened?

Name of Veterinarian: _____ Phone #: () _____

Have you re-homed or given away a pet in the past? Yes No

If yes, please explain. _____

Name of reference: _____ Phone #: () _____

Reference address: _____ Relationship: _____

I understand that Forgotten 4 Paws reserves the right to deny an adoption to anyone that does not meet the organization's adoption criteria.

I understand that completing an application does not guarantee approval.

By signing below, I indicate that I have answered every question truthfully and am aware that any false answers will be grounds for immediate rejection.

I give Forgotten 4-Paws permission to contact all references, landlord and veterinarian(s), giving them permission to verify all application information.

Signature

Date

Time