

## ADOPTION/FOSTER APPLICATION

- Please complete the application in its entirety. Incomplete applications will delay processing.
- We do NOT do same day adoptions. It normally takes 2 4 days for a Board decision.
- Please <u>check your email</u> as we do correspond with follow-up questions via email.
- You will receive a final response via email. Please check your spam folder. PLEASE PRINT LEGIBLY.

You may email the completed application to <a href="mailto:CONTACTUSFORGOTTEN4PAWS@YAHOO.COM">CONTACTUSFORGOTTEN4PAWS@YAHOO.COM</a> (Either scan or take pictures of both sides of the application when emailing)

Name:	Date	e of Birth:	Pł	_ Phone#: ( )			
Address:	City	City: Zip: _		Length at Address Listed			
Which describes your home? o H	ouse o	Apartment o Co	ondo o Mol	bile o Farm			
Do you? o Own o Rent If	<i>you rent,</i> we	will call to confir	m pets are all	owed.			
Name of Landlord or Complex:			Pho	one #: ( )			
Required: Email Address (please pr	int):						
Employer:	Job	Title:		Work Phone #: ( )			
Full Name Of All Household Members (Write smaller if over 6 people)	Date of Birth	Relationship	Employer /	Job Title	Allergies/Asthma (Please describe)		
Ages of Children who visit household:				-			
Have you or any member of your house	ehold been c	onvicted of a crime	e against anin	nals? o Yes o N	lo		
I am interested in (Name of cat):				o Adopt o Fost	er		
If undecided, are you looking for a:	o C	at o K	itten	o Male o Fema	ale		
Reason for wanting a pet: 0 Family (Select as many as apply)					ompanion		
Is this pet a gift? o Yes o No	<i>If yes</i> , v	vho is the recipien	t?	<i>I</i>	Age		
Would this be an: o Inside	o Outsid	e o Inside	e 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	e pet on a d	aily basis?					
How many hours per day will the pet be	home alone	?					
Will you spay or neuter this pet? o Y	es o No	o Unsure (pleas	se explain)				
If this pet becomes ill or injured, are you	ı able and w	illing to spend \$50	0 or more for	veterinary care? o	Yes o No		
Where will you keep your pet while gone	e?						

Name of Pet	Cat/Dog/Other	Breed, if	dog Age	Years Wit	h Spay/Neute	red?	Where kept? (Circle)		
				100.			IN	OUT	вотн
							IN	OUT	ВОТН
							IN	OUT	ВОТН
							IN	OUT	вотн
							IN	OUT	вотн
NAME OF AL	L VETERINARIA	NS WHO	HAVE PRO	VIDED CARE	FOR <u>CURREN</u>	T AND F	<u>PAST</u> P	ETS LIS	TED.
	von't be reviewed								
	rinarian:								
Name of Veter	rinarian:				Phone #: (	)		<del></del>	
Diagon Bakali		WALED DE	TO for our 41s						
Name of Pet	PREVIOUSLY O		Years With		s:  What Happene	d?			
			You?	Neutered?					
Have you re-ho	omed or given awa	y a pet in t	the past?	o Yes	o No				
If yes, please e	explain why and wh	nere the pe	et(s) went.						
							-		
Name of referen	nce:				Phone #: (	)			
Reference addre	ess:				Relationship: _				_
I understand the criteria.	at Forgotten 4 Paws	reserves th	ne right to den	y an adoption t	to anyone that doe	s not me	et the or	ganizatior	ı's adoptio
I understand the	at completing an app	plication do	es not guaran	tee approval.					
By signing below immediate reject	w, I indicate that I h	ave answe	red every ques	stion truthfully	and am aware tha	t any fals	e answe	ers will be	grounds fo
I give Forgotte application info	n 4-Paws permissio rmation.	n to conta	ct all reference	ces, landlord a	nd veterinarian(s)	, giving t	them pe	rmission t	to verify a
Signature				Date		Time			

Please list all CURRENT PETS living with you: