|  |  |  |
| --- | --- | --- |
| |  | | --- | | **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 | |
|  | |