



Application to Adopt or Foster

If you are interested in adopting or fostering an animal, fill out this application in its entirety and return to a For Animals volunteer. Please answer all questions and PRINT CLEARLY.

Personal Information

First Name: _____ Gender: _____

Last Name: _____ Age: _____

Phone: (____) _____

Email: _____

Would you like to receive periodic news and updates from For Animals at this email address? We will not share your email address and you can unsubscribe at any time. Yes No

Residence

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

How long have you lived at this address? _____

Do you: Own Rent Sublet

Are pets permitted in your building? Yes No

Would you move to a building that did not allow pets? Yes No

Do you have screens in all your windows? Yes No

What kind of screens do you have? Built-In Accordion

Do you have a terrace? Yes No

Is it enclosed? Yes No N/A

Does it have a screen door? Yes No N/A

Do you have a backyard? Yes No

Is it fenced in? Yes No N/A

Do you plan to let your pet(s) outside? Yes No

Background

Are you adopting/fostering for: yourself someone else

Do you know that pets can live 15+ years? Yes No

If adopting, are you ready to make that commitment? Yes No

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

Do you live with: Spouse/Partner Children Roommate

Other (specify): _____ Ages: _____

Is anyone in your household: Allergic to pets A smoker

Adoption Information

Name of the companion animal(s) you are interested in: _____

Species desired: Cat Dog Rabbit

Other (Specify): _____

Sex desired: Male Female No Preference

Age Desired: Baby (under 1 yr) Young (1-2 yr)

Adult (2-7 yr) Senior (7+ yr)

*If you are requesting kittens, why do you want kittens?

* Please note that kittens MUST be adopted in pairs unless you have another young, active cat at home to prevent aggressive and/or destructive behavior

Would you consider a pet with an illness/disability? Yes No

When will you take the pet(s) home? _____

Do you have a carrier? Yes No

Companion Animal History

Have you had a companion animal before? Dogs Cats N/A

Other (specify): _____

Where are they now? _____

Have you ever given an animal up for adoption? Yes No

If so, why? _____

Are there other animals in your home now? Dogs Cats N/A

Other (specify): _____

What arrangements will you make for your animal(s) in case of a personal or family emergency? _____

Are your current animal(s) spayed/neutered? Yes No N/A

If not, why? _____

Do you agree to have your new animal(s) spayed/neutered, if not already? Yes No

Are all your animals up to date on vaccinations? Yes No N/A

Are any of your current cats FIV or FELV positive? Yes No N/A

Are any of your current cats declawed? Yes No N/A

If applying for a cat, do you plan to declaw the new cat/kitten(s)?

Yes No Unsure



Employment Information

Employer: _____

Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Ext: _____

Occupation/Title: _____

Employment Duration: _____

Does your job require extensive travel? Yes No

Who will take care of your animal(s) while you are away?

Business Reference

Name: _____

Phone: (_____) _____

Authorization

- The information on this application is complete and accurate to the best of my knowledge.
- I authorize FOR ANIMALS INC to contact all references provided.
- I understand that the completion of this form is the first step in the adoption process and does not guarantee an adoption.
- FOR ANIMALS INC reserves the right to make an in-home screening visit and, if an adoption takes place, to deliver the pet(s) to ensure that I will provide a hazard-free home.
- If my application is approved and I proceed with the adoption, I agree to pay the appropriate adoption fee to FOR ANIMALS INC:
 - \$150 for an unaltered kitten or altered cat
 - \$300 for an unaltered puppy or altered dog
 - \$75 for an altered rabbit
- If for any reason whatsoever this foster or adoption does not work out, I agree to return the pet(s) to FOR ANIMALS INC and only to FOR ANIMALS INC.

Signature*: _____

Date: _____

* If submitting online, typing in this box acts as a signature

Personal Reference

Please list somebody who knows you and your history with animals.

Name: _____

Phone: (_____) _____

Email: _____

Affiliation: _____ Years Known: _____

Veterinary Reference

Clinic Name: _____

Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Veterinarian: _____

Name(s) the records are under: _____

For internal use only

Reviewed By: _____

Date: _____ Approved: Yes No

ID Verified Yes No

ID Details _____

Notes _____