



Forgotten Friends of Long Island, Inc.

Animal Rescue and Rehabilitation

Forgottenfriendsoflongisland@yahoo.com

We understand that this foster application can seem long, but please be assured that all the below information is completely necessary to completing the foster process.

Forgotten Friends of Long Island, Inc.
P.O. Box 710
Plainview, NY 11803
Attention: Foster Coordinator

FOSTER CARE APPLICATION

Before you fill out this application to foster a dog or cat from Forgotten Friends of Long Island, Inc., please make sure you have thought about this decision. Our foster caregivers take in our animals on a temporary basis until permanent homes can be found. Fosters assist in training our dogs and socializing our cats in order to help them to adjust from the shelter to a new home. Any false, incomplete, or withheld information will void your application, may prevent you from fostering or adopting from Forgotten Friends in the future and may subject you to criminal and/or civil liability. We do an on site inspection at every home before approving a foster situation.

In order to be considered as an adopter you must:

- Be 21 years of age or older.
- Have identification showing your current address.
- Have the knowledge and consent of your landlord.

General Information:

Name: _____ Date: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Good time to call A.M. () P.M. ()

Cell Phone: () _____ Good time to call A.M. () P.M. ()

Email Address: _____

Driver's License ID Number: _____

How did you find out about Forgotten Friends of Long Island, Inc.? _____

Requested Foster Animal:

Name of Animal: _____

Species: _____

Estimated Breed/Description: _____

Color/Markings: _____

Shelter Identification Number: _____

Male () Female ()

Estimated Age for Dog: Puppy () Adult () Senior ()
(Dogs up to six months old will be considered puppies)

Estimated Age for Cat: Kitten () Adult () Senior ()
(cats under one year of age will be considered kittens)

Personal Background Information:

Are you over 21 years old? Yes () No ()

Occupation: _____

Employer: _____

Work Address: _____

Work Phone Number: _____

City, State, Zip _____, _____, _____

Spouse or partners name: _____

Best number to reach Spouse or partner: () _____

Have you ever been convicted of a misdemeanor or a felony? Yes () No ()

If yes, please list conviction(s) below:

Housing Situation:

- Own House ()
- Rent a House ()
- Apartment ()
- Condo ()
- Coop ()
- Live with Parents ()
- Dormitory ()
- Mobile Home ()

Other: Please explain _____

Do you have a roommate? (if so give name and number)

How long have you lived at current address? _____

Any plans to move? _____

The following information is required so we can verify that you are allowed to keep pets.

If you rent, are you allowed pets? Yes () No ()

Does your rental agreement restrict the type of pet you may own by size or breed?
Yes () No ()

Landlord's Name: _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____

Landlord's Phone: _____

Please list all those living at your present residence (name, relationship, age)

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does anyone in your family have allergies to any animals? Yes () No ()

If yes, list types of allergies and to what animals they are allergic:

Are all members of your household in agreement about fostering this animal?

Who will be the primary caregiver of this animal?

Why do you want to foster this animal?

Are you interested in crate training? Yes () No ()

If we could help with training, would you be interested? Yes () No ()

Cat Foster Only:

How many cats have you owned in the past? _____

How many cats have you fostered in the past? _____

Are any of your cats declawed? _____

Have all cats you currently own been tested for feline Leukemia/AIDS? Yes () No ()

Would you consider fostering a pair? Yes () No () Maybe ()

Would you consider eventually adopting a pair? Yes () No () Maybe ()

Does your dog(s) get along with cats? Yes () No () Don't Know ()

Does your cat(s) get along with other cats? Yes () No () Don't Know ()

What happened to your last cat?

Died from old age ()

Died from illness ()

Ran away ()

Gave away ()

Other, please explain _____

Home Study Information:

Do you have a backyard? Yes () No ()

Is it fenced? Yes () No ()

How high is the fence? _____feet

If you have no fence, how will your dog relieve/exercise itself?

Do you have a terrace? Yes () No ()

If yes, is it enclosed? Yes () No ()

What is your household activity level? Very Active () Moderately Active () Calm ()

How many hours are you gone a day? _____

Do you travel often? Yes () No ()

Who will care for the foster animal when you travel? _____

Do all adults work full time? Yes () No ()

How many hours a day will the foster animal be alone? _____

Are their stairs that lead to your home? _____

Do you have a pool? _____

What type of living arrangements will you be providing the foster animal? (check all that apply)

- Indoors ()
- Outdoors ()
- Both Indoors and Outdoors ()
- Cable Run ()
- Dog House ()
- Fenced in Yard ()
- Tied up in yard ()
- Loose on Property ()

Other, please explain _____

Where will you're the foster animal be kept when it is alone? _____

Where will the foster animal be kept during the day? _____

Where will the foster animal sleep during the night? _____

Would you object to a representative of Forgotten Friends inspecting your residence?

Yes () No ()

Personal References: (Please provide references of two people not related to you.)

Personal Reference #1

Name: _____

Phone Number: (_____) _____

Alternate Number: (_____) _____

Home Street Address: _____

City: _____ state: _____ Zip: _____

Relationship: _____

Best Time to Call: _____

Personal Reference #2

Name: _____

Phone Number: (____) _____

Alternate Number: (____) _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Best Time to Call: _____

Veterinarian Information:

Do you have a local veterinarian? Yes () No ()

Do we have permission to contact your veterinarian? Yes () No ()

Vet's Name: _____

Vet's Phone Number: (____) _____

Vet's Address: _____

City: _____ State: _____ Zip: _____

Veterinary records are under the name of: _____

Please provide any other information that may be helpful for us to know when reviewing your application.

By signing below I certify that the above information is true and accurate to the best of my knowledge, and I understand that completion of this form is in no way guarantees my ability to foster an animal and that Forgotten Friends has the right to deny any application at their discretion. I give my veterinarian permission to release any veterinary records and information about my current or past pets to Forgotten Friends. I further give permission to Forgotten Friends to call the references I have provided and to inquire and confirm any information provided by me on this application in determining my fitness to foster an animal from Forgotten Friends. I further understand that completion of this form is only the first step in the foster process and that, should I wish to further the foster process, I will be required to submit to an in-home inspection and sign a foster contract. I understand that this application is the property of Forgotten Friends.

NAME: _____
(Please print)

NAME: _____
(Please Sign)

DATE: _____

FOR OFFICE USE ONLY

Foster Counselor: _____

Application Processed by: _____

Date Received: _____

Date Completed: _____

Personal References Checked: Yes () No ()

Veterinary References Checked: Yes () No ()

Criminal Background Check: Yes () No ()

Home Check Completed: Yes () No ()

Application Approved: () Application Denied: ()

If denied, please state reason(s):
