



Forgotten Friends of Long Island, Inc.

Animal Rescue and Rehabilitation

Forgottenfriendsoflongisland@yahoo.com

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

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

DOG ADOPTION APPLICATION

Before you fill out this application to adopt a rescue dog from Forgotten Friends of Long Island, Inc., please make sure you have thought about this decision. Adopting a companion animal is a serious lifetime commitment with financial responsibilities. Any false, incomplete, or withheld information will void your application, may prevent you from 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 an adoption.

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 Companion Animal:

Name of Dog for Adoption: _____

Shelter Identification Number: _____

Breed/Description: _____

Color/Markings: _____

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

Male () Female ()

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 own 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 adopting a dog?

For whom are you adopting this companion animal?

Myself () My Children () Gift ()

Who will be the primary caregiver of this animal?

Who will be financially responsible for this animal?

Why do you want this dog? (Please check all that apply)

Companion () Companion for other pet () Security ()

Other () (explain) _____

Please list all animals owned over the last ten years beginning with animals currently living in your household. (Please use back if you need additional space)

Name	Species/Breed	Sex	Age	Spayed/ Neutered	What Happened to this Pet?	Vet you used?

Are they current on vaccinations? _____

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

What happened to your last dog?

Died from old age ()

Died from illness ()

Ran away ()

Gave away ()

Other, please explain _____

How many dogs have you owned in the past? _____

Have you ever taken a pet to a shelter? Please explain:

Have you ever had an animal lost or stolen? Yes () No ()

Have you ever had to retrieve your animal from a pound, shelter, or animal control facility?

Yes () No ()

Have you ever had an animal die as a result of being hit by a car?

Yes () No ()

A dog can live 12 to 18 years depending on breed. Are you willing to take responsibility for this dog for the next 12 to 18 years? Yes () No ()

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 your pet when you travel? _____

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

How many hours a day will your new dog be alone? _____

Are there stairs that lead to your home? _____

Do you have a pool? _____

What type of living arrangements will you be providing your new dog?

- 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 your new dog be kept when it is alone? _____

Where will your new dog be kept during the day? _____

Where will your new dog sleep during the night? _____

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

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

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

Yes () No ()

Can you financially afford to care for this dog? (Veterinary care can cost between \$300-\$500 each year) Yes () No ()

If for any reason you must move residences, are you willing and able to locate pet friendly housing and provide additional security deposits that may be necessary to secure housing a pet?

Yes () No ()

If you became ill, disabled or deceased, who will care for your dog?

Name: _____

Phone Number: (____) _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

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 adopt a dog 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 adopt an animal from Forgotten Friends. I further understand that completion of this form is only the first step in the adoption process and that, should I wish to further the adoption process, I will be required to submit to an in-home inspection, sign an adoption contract and pay a non-refundable dog adoption fee of \$300.00 for each puppy up to six months of age or a fee of \$150.00 for each dog over six months of age to adult. I understand that this application is the property of Forgotten Friends.

NAME: _____
(Please print)

NAME: _____
(Please Sign)

DATE: _____

FOR OFFICE USE ONLY

Adoption 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):
