



Forgotten Friends of Long Island Animal Rescue
 PO Box 710, Plainview NY 11803
ffoli.info@gmail.com
 (516) 719-0808

Dog Adoption/Foster Application

* Completely fill out & sign application. * You will hear back within 7 days, or please assume your application was not selected.
 * For applications selected, a vet-check will be done, then a home visit made. * If the adoption is approved, an adoption contract will be completed, donation accepted, and then you take your new canine friend home.

Today's Date: _____ Applying to: ___ Adopt ___ Foster

Name of Dog(s) Applying for: _____ Breed/Type: _____

How did you hear about FFLI? _____

Please print identification information clearly, especially email address:

Applicant(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Since (mo/yr): _____

E-mail: _____ Home Phone: (____) _____ Work Phone: (____) _____

	Circle One	Explain, where applicable
Have you submitted an application with another organization for a dog at this time?	Yes/No	
Have you ever had an application declined for adoption of an animal from an animal welfare group/animal control facility?	Yes/No	
Are you willing to take the time to housebreak a dog, and do you understand that changing a dog's environment may cause the dog to have accidents?	Yes/No	
Does any member of the family have any allergies to animals?	Yes/No	
For whom are you adopting the dog?	Self/Other	
Are there any children in the household? <i>**Please note: FFLI often does not place dogs in homes with children under age 6)</i>	Yes/No	What are their ages?

1. Why do you want to adopt/foster a dog?
2. What do you think are the most important responsibilities in owning a dog?
3. Please list any preferences (age, sex, breed, personality):
4. If a behavioral problem arises, what steps will you take to work on it?
5. If you are applying for a puppy/dog who is not housetrained, how will you housetrain the dog:



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6. Describe the kinds of personal situations where you might have to return your adopted dog, i.e., job loss, children, move, marital change, etc.

7. How many people live in your home?

8. Who will be responsible for feeding and taking the dog outside?

9. Who will take care of the dog in the absence of the primary caretaker?

10. What reading and other/or steps have you taken to prepare for a new dog?

11. Describe those pets you *currently* own or have *previously* owned:
 (Please use additional blank page if necessary)

Pet's Name	Type/Breed (ie Dog/Shepherd; Cat/Tabby; Bird/Parrot)	Age	Sex M/F	Spayed or Neutered?	How was pet acquired?	Alive/Deceased?

12. List each vet/animal hospital where your animal(s) received care **over the last 10 years:**

Vet/Hospital	City, State	Pet/Record Name	Years used	Date of last visit

13. Name of vet you will use for your new pet:

14. What kind of veterinary care do you plan to provide?

15. Have you considered the extra expenses that will come with having a dog including vet care, food, supplies and equipment, toys, training and boarding? Please explain:

16. What type of home do you live in? _house _townhouse _duplex _condo _apt _mobile

17. Do you OWN or RENT your residence? _____own _____rent

If renting, Landlord Name: _____ Telephone: _____



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18. Any size or breed restrictions? Explain: _____
19. Do you have a **fully** fenced yard? ___yes ___no; Type? _____ How tall? _____
Note: Secure, fully fenced yards are typically required. For some dogs, fences of minimum 6 ft are required.
- 19a.-Any holes or gaps? ___yes ___no
- 19b.-Is the fence attached to the home? ___yes ___no
20. If you do not have a fence, do you plan to install a fence? ___yes ___no. If yes, when?
21. Describe the circumstances in which you would walk/exercise a dog on leash:
22. Describe the circumstances in which you would walk/exercise a dog off leash:
23. How often will you exercise the dog and for approximately how long?
24. How many hours will the dog be left unattended (i.e., workday)?
25. When you are home, where will the dog be kept?
26. Where will the dog sleep at night?
27. When no one is home (i.e. at work, shopping), where will the dog stay (be specific)?
28. Do you have a dog door?
29. How often do you travel?
30. What will you do with the dog when you travel?
31. If you move, what plan would you have in place for your dog?
32. Are you or your spouse with the military? ___yes ___no
33. Are you aware FFLI requires all dogs/cats in a home be spayed/neutered? ___yes ___no
34. Are you aware of the adoption fee (\$300 non-refundable donation)? ___yes ___no
35. Are you familiar with your local animal control laws? ___yes ___no
36. Have **all adult** family members met with and agree upon the dog? ___yes ___no



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37. Please give us the name, relationship, and phone numbers of two references (not related to you).

Name	Relationship	Telephone #	Best time to reach

I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. Also, if an omission or untruth is discovered after an adoption takes place, I understand that Forgotten Friends of Long Island Animal Rescue (FFLI) reserves the right to annul the adoption and reclaim the animal. I give FFLI permission to fully investigate the information provided as well as contact veterinarians and related officials. If the application passes this review, I agree to a home and yard visit on a mutually agreed date by a FFLI Dog Coordinator before an adoption decision is made.

In addition, I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received on this animal. I understand it is FFLI's prerogative to decide which home is most appropriate and that their decision is final, and therefore I will not argue with the decision. Unless otherwise indicated by FFLI, I am free to apply and undergo the application process in the future.

Signature(s) _____ Date _____

Printed Full Name(s) _____

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