

Date: \_\_\_\_\_



# ANIMAL APPLICATION

Foster or Adoption? \_\_\_\_\_  
Case No. \_\_\_\_\_

The Town of Hempstead is committed to finding appropriate homes for animals currently in our care. Pet ownership and fostering are serious responsibilities, and we strive to ensure that each person who adopts or fosters from us is aware of these responsibilities and is prepared to meet the pet's needs. Therefore, the application process does take some time as our Placement Counselors will review your application with you, answer all of your questions, and provide you with support and materials. The Town of Hempstead Animal Shelter also reserves the right to determine which home would be best suited for each of our animals. Thank you in advance for your cooperation!

**Please note: You must be 18 years or older to adopt or foster an animal.**

## 1. Personal Information

- a. Full Name (please print): \_\_\_\_\_
- b. Home Address: \_\_\_\_\_ Town & Zip Code: \_\_\_\_\_
- c. Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_
- d. Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

## 2. Family & Housing

- a. Do you own or rent? \_\_\_\_\_
- b. Landlord Name & Contact Information: \_\_\_\_\_
- c. Are there any restrictions on pet ownership where you live? If yes, explain:  
\_\_\_\_\_
- d. How many adults are there in your home (their relationship to you)? \_\_\_\_\_  
\_\_\_\_\_
- e. How many children (ages)? \_\_\_\_\_

## 3. Other Pets & Experience

- a. What pets do you currently have? (types, names, & ages) \_\_\_\_\_  
\_\_\_\_\_
- b. What other pets have you had in the past (specific types & include foster animals) and where did you get them from? \_\_\_\_\_  
\_\_\_\_\_
- c. What happened to your previous pet(s)? \_\_\_\_\_  
\_\_\_\_\_
- d. Do you have any experience with animals with behavioral issues, medical

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issues, or that are special needs (Explain)? \_\_\_\_\_

e. How did you manage the above issues? \_\_\_\_\_

#### 4. Veterinarian Information

Do you have a regular veterinarian? \_\_\_\_ Yes \_\_\_\_ No If YES, please provide:

a. Veterinarian's Name: \_\_\_\_\_

b. Clinic Name: \_\_\_\_\_

c. Clinic Address: \_\_\_\_\_

d. Clinic Phone: \_\_\_\_\_

e. Please provide name & relationship of pet's record holder (if not applicant):

#### 5. Personal References

These references must be **unrelated to you by blood or marriage.**

a. Reference #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

b. Reference #2: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### 6. Other Information

1. Is there any other information you would like to include? \_\_\_\_\_

2. How did you hear about the Town of Hempstead Animal Shelter? \_\_\_\_\_

*The Town of Hempstead Animal Shelter reserves the right to accept or deny any application based solely on their discretion. Further, providing false information and/or failure of the adopter/foster to abide by any rules and regulations imposed by the shelter will result in immediate disapproval or termination of the applicant being a foster. Additionally, I agree that typing my name in the "Signature" space below, and sending this application to the Town of Hempstead Animal Shelter via electronic mail, constitute my agreement with all provisions of this application just as if I had actually signed my name. I also agree to contact the Town of Hempstead Animal Shelter if I find that I cannot keep my adopted or fostered animal for any reason whatsoever.*

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Our goal at the Town of Hempstead Animal Shelter is to find forever homes for our shelter animals and we THANK YOU for your interest in adopting our pets!**

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### IF YOU ARE INTERESTED IN A DOG:

1. Desired Age: \_\_\_\_\_ Desired Weight: \_\_\_\_\_
2. Number of hours (on average) dog will be alone: \_\_\_\_\_
3. Who will have primary responsibility for this dog's daily care? \_\_\_\_\_  
\_\_\_\_\_
4. Do you have a fenced in yard? \_\_\_\_ Yes \_\_\_\_ No
5. If your yard is not fenced, what are your plans for taking this dog outside? \_\_\_\_\_  
\_\_\_\_\_

**Interested in a dog that:**

- Is outgoing or hyper
- Is shy
- Has special or medical needs
- Needs training
- Requires grooming
- Does not get along with other animals

**Describe your household:**

- Active
- Noisy
- Quiet
- Average

**Dog Experience:**

- First time owner
- Had dogs growing up
- Have adopted or fostered
- Have had dogs with medical or behavioral issues

**During the day my dog will be:**

- Outside
- Inside
- Indoor/outdoor

**At night my dog will be:**

- Outside
- Inside
- In the garage

**How will you train your dog?**

- I want an already trained dog
- I've always trained myself
- I'll go to a group class
- I'll hire a trainer

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### IF YOU ARE INTERESTED IN A CAT:

1. Desired Age: \_\_\_\_\_ Desired Size: \_\_\_\_\_
2. Who will have primary responsibility for this cat's daily care? \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever had a cat declawed? If so, why? \_\_\_\_\_  
\_\_\_\_\_

**Interested in a cat that:**

- Is shy or nervous
- Requires grooming
- Has special or medical needs
- Has behavioral challenges
- Does not get along with other animals

**During the day my cat will be:**

- Outside
- Inside
- Indoor/outdoor

**At night my cat will be:**

- Outside
- Inside
- Indoor/outdoor

**Cat Experience:**

- First time owner
- Had cats growing up
- Have adopted or fostered
- Have had cats with medical or behavioral issues

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