**Four-Legged Forgotten Oldies Senior Animal Farm**

**Fospice Application**

Thank you for considering fostering a senior hospice dog. Four-Legged Forgotten Oldies Senior Animal Farm (“FLFO”) is a volunteer-only organization. We do our best to work as quickly as possible to process applications, but it may take several days to hear back from us.   
  
FLFO reserves the right to approve or deny applications. To be considered for fostering, you must: be over 21 years old, submit this application, provide a form of identification showing your present address, and own your own home or have consent from your landlord to have a dog.

Please note that all applications require a home visit, and all potential fosters must live within 40 miles of Baldwin, MD.

|  |  |
| --- | --- |
| Date: |  |
| Applicant’s Name: |  |
| List all family members who will be residing with the dog: |  |
| Address: |  |
| Phone:  Home [ ] Cell [ ] Work [ ] |  |
| Email Address: |  |
| Please tell us why you would be interested in a senior dog. What characteristics and qualifications do you feel make yours a good home for a senior dog? (Please attach an additional paper if you need more space.) |  |
| Name of dog you are interested in fostering: |  |
| Do you own or rent your home?  *If you rent, you will need to provide a copy of your lease or a written letter from your landlord stating that you are allowed to have a dog in the rented home.* |  |
| Do you have a fenced yard? If so, what type of fence and how high is it? |  |
| How many hours a day on average would your fostered dog be left alone in the house? |  |
| Are you established with a veterinarian?  If yes, vet’s name: |  |
| Vet’s address: |  |
| Vet’s Phone Number: |  |
| Please tell us your experience with caring for a dog.  No experience, this is our first dog.  Some experience, had 1-3 dogs.  Significant experience, have had many dogs. | \_\_\_  \_\_\_  \_\_\_ |
| If the dog(s) are not still with you, what happened to them? |  |
| Please indicate your level of willingness to foster a senior dog with behavioral challenges:  Will consider a dog with minor behavioral challenges.  Will consider a dog with any type of behavioral challenges.  Will not consider a dog with behavioral challenges.  Not sure, depends on the issues. | \_\_\_  \_\_\_  \_\_\_  \_\_\_ |
| Have you ever given away or returned a pet/animal for any reason? |  |
| Does anyone in the home have pet allergies? |  |
| What pets do you currently have in the house? Please indicate the species (dog, cat, bird, etc.), ages, and general personality. Please attach another paper if you require more space. |  |
| If you need to move in the future, what do you plan on doing with your dog? |  |
| Are you able and willing to provide transportation to all veterinary appointments at Timonium Animal Hospital? | \_\_\_ |
| Are you aware that:  Dogs are companion animals and are to live inside your home and be an active part of the family?  You are responsible for purchasing food and treats for the dog, per FLFO’s recommendations? | \_\_\_  \_\_\_ |
| Please provide the name and email of a personal reference outside of your immediate family. This person should be someone who can tell us why they think you would make a good home for one of our senior dogs. |  |
| Have you ever been convicted of animal cruelty, neglect, or abandonment?  Has anyone who would be living at the same address as the adopted dog ever been convicted of animal cruelty, neglect, or abandonment? | *If yes, please provide dates and details*.  \_\_\_  \_\_\_ |

I hereby give FLFO my permission to contact my landlord, veterinarian, and personal references to verify any of the information supplied in this application. I consent to any such sources providing information to FLFO about me and anything relevant to this application. I give FLFO my permission to conduct, and consent to, background checks on me, including criminal background checks, to determine my suitability for adopting a dog.

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Signature Date

VERIFICATION AND ACKNOWLEDGEMENT

By signing below, I verify and acknowledge that I understand everything I have read in this application, and I certify that in good faith I have answered all the questions completely, truthfully, and to the best of my knowledge.

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Signature Date