



FOSTER CARE APPLICATION, DOG

TODAY'S DATE: _____

HOW DID YOU HEAR ABOUT PIXIE PROJECT? _____

THE PIXIE PROJECT

ADOPTION CENTER

PH: (503) 542-3433

FAX: (503) 542-3437

EMAIL: INFO@PIXIEPROJECT.ORG

WEBSITE: WWW.PIXIEPROJECT.ORG

Contact Information

Name: _____ Co-Applicant Name: _____

Relationship to Co-Applicant: _____

If the co-applicant listed is your significant other, how long together? _____

Street Address: _____ Mailing Address (if different): _____

City, State & zip code: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Occupation: _____ Work phone: _____

How long with this employer? _____

Co-Appl. Employer: _____ Co-Appl. Occupation: _____ Co-Appl. work phone: _____

How long with this employer? _____

Co-Appl. Cell Phone: _____ Co-Appl. Email Address: _____

Family Information

Are you or the Co-Applicant a student? _____

No. of adults in household? _____ Ages? _____ No. of children in household? _____ Ages? _____

Besides your immediate family, are others residing in your home? _____

Names & Ages of other residents _____ Relationship of other residents _____

Do they share your interest in fostering? _____, Is anyone in your home allergic to dogs? _____

Home Information

Do you own or rent your home? _____ How long have you lived at your current address? _____

Please describe – house, apartment, townhouse, condo? _____ Square feet? _____

If you rent, please provide your landlord's name & phone #: _____

Do you have the permission of your landlord to have a foster dog? _____

Does your landlord have any breed or size restrictions? If yes, what are they? _____

Is a pet deposit required? Yes ___ No ___ Paid? Yes ___ No ___

Do you have a yard? _____ Size? _____ Fenced? _____

If not, please explain how and where you will allow the dog to relieve itself _____

Current Pet Information

Please list your current pet(s) – Name, Age, Species (dog/cat), Gender, and Breed _____

Are all your current pets Spayed/ Neutered? _____

Are your current pets on monthly flea preventive treatment? _____

Are your current pets up to date on all vaccinations? _____

Do your current pets get along with other dogs? If you think there may be a conflict, please describe how you will keep the foster dog separate from your family pet(s) _____

Pet Experience

Other than current pets, what breeds do you have experience with? _____

Select your pet training experience: Family Pet ___ Novice ___ Professional ___

Have you volunteered or fostered for another rescue group? Yes ___ No ___

If yes, for whom? _____ How was your experience? _____

Foster Pet Information

How long are you willing to foster a particular animal?

WEEK _____ MONTH _____ AS LONG AS NEEDED _____ OTHER _____

Please check the type of dog(s) you would be interested in fostering (select one or more):

- Newborn puppies
- Large breed dog (50-100lbs)
- Medium breed dog (15-50lbs)
- Small breed dog (up to 15lbs)
- Senior dog
- Special needs – medical
- Special needs - behavioral
- Any

Please describe where the dog will sleep at night? _____

How many hours per day will the dog be alone? _____

Please describe where the dog will stay when you are away _____

Are you familiar with the use of a crate to train the dog during your absence or at night? _____

How many hours per day will the dog be crated? _____

Are you familiar with house-training dogs? _____

Are you willing to take the time to work with a foster dog on housebreaking issues should the need arise? _____

Are you willing to foster a “Special Needs” dog (a dog needing special medical treatment and/or specific behavioral training)? _____

Are you willing to transport the dog for any necessary veterinary care? (Note: Pixie Project’s designated veterinarian is located in downtown S.W. Portland). _____

Note: The Pixie Project covers the medical expenses for all foster animals. However, our vet care costs are only discounted through a particular vet and therefore they are the only clinic we currently use for routine care. With the obvious exception of a life threatening medical emergency, if you should decide to take your foster animal to a different vet for convenience or any other reason, The Pixie Project will not be able to cover the cost of the visit. Thank you for your understanding.

Are you willing to meet with a potential adopter either at your home or theirs? _____

Are you willing to pick up the dog on the first day of your foster period, and transport the dog to The Pixie Project (or another designated location) on the last day of your foster period? _____

Foster Care Agreement

I/we understand that all animals are TEMPORARILY fostered for The Pixie Project and are the property of The Pixie Project.

I agree to keep any foster animal under my control at all times while I am fostering, keeping cats inside and/or dogs on-leash.

If my foster pet(s) shows any sign of health or behavior problems, I understand that I need to contact Pixie Project immediately.

I will relinquish any foster animal to The Pixie Project upon their request.

If you or your acquaintances should become interested in adopting a foster pet, an adoption application can be acquired through The Pixie Project by emailing info@pixieproject.org, or calling (503) 542-3433.

The Pixie Project is not responsible for damage or injury to any person, animal, or possession caused by a foster animal.

By signing below, you are verifying that you have read and agree to all terms stated above.

I/we attest that the information provided on this form is true and accurate to the best of my/our knowledge.

Applicant's Signature: _____

Applicant's Printed Name: _____

Date: _____

Co-applicant's Signature: _____

Co-applicant's Printed Name: _____

Date: _____

Note: Submission by email will serve as signature agreement