



FOSTER CARE APPLICATION, CAT

TODAY'S DATE: _____

HOW DID YOU HEAR ABOUT PIXIE PROJECT? _____

Foster Care Application - Cat

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 cats? _____

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 cat? _____

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

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? _____

Have your current cats been tested for feline leukemia and FIV? Yes No Results: _____

Are your cats current on Rabies & FVRCP vaccinations? Yes No

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

Foster Information

How long are you willing to foster a particular animal? (Circle one)

WEEK MONTH AS LONG AS NEEDED OTHER _____

Please describe where the cat will stay during the day, at night, and when you aren't home: _____

Please check the type of animals you would be interested in fostering:

- Newborn litter of kittens (orphaned, to bottle feed and wean)
- Mother & kittens
- Single Kitten (7-12 weeks)
- Special needs – medical
- Special needs - behavioral
- Adult female/male
- Declawed
- Any

Are you willing to work with a foster cat on litter box issues should the need arise? _____

Are you willing to foster a “Special Needs” cat (a cat needing special medical treatment)? _____

Are you willing to transport the cat for any necessary veterinary care? (Note: Pixie Project’s designated veterinarian is located in NE 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 cat on the first day of your foster period, and transport the cat 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