



## DOG ADOPTION APPLICATION

Name of Dog(s) you are applying for: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### Adoption Application Agreement – PLEASE READ

The speed at which your application is processed for adoption is dependent largely on how thoroughly and specifically you answer each question. Please include all phone numbers and do not leave any applicable question blank. Please include a detailed explanation for any question where you are asked to elaborate an answer. Please print clearly, applications that cannot be read cannot be processed.

Failure to provide accurate, true, and/or complete information to the best of your knowledge will result in the immediate termination of your adoption process. No exceptions.

If you are married or currently living with a significant other, that person's information must be included where the application asks for Co-Applicant information. You must be at least 18 years of age to submit an adoption application (Applicant & Co-Applicant).

All adoption applications received by the adoption center are forwarded directly to the Pixie Project adoption committee. The adoption center does not review any applications nor is it responsible for any decisions made by the adoption committee. All applications may be followed with a home visit.

We are not first come first served. The Pixie Project focuses on finding good matches between dogs and families to ensure life long adoptions. The Pixie Project reserves the right to refuse adoption to anyone without disclosing the reasons.

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 application is true and accurate to the best of my/our knowledge. I/we understand that completion and submission of this application does not guarantee adoption of a dog.

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*

YOU WISH TO ADOPT? (PET'S NAME) \_\_\_\_\_  
WHERE DID YOU FIND/SEE THIS DOG? \_\_\_\_\_  
HAS YOUR FAMILY MET THIS DOG YET? \_\_\_\_\_

## Adoption Application – Dog

### **The Pixie Project**

Adoption Center  
PH: (503) 542-3433  
FAX: (503) 542-3437  
EMAIL: info@pixieproject.org  
WEBSITE: www.pixieproject.org

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: \_\_\_\_\_

**Housing Information: The section below is in regards of your housing. Please include all individuals residing in the home. Understanding who will be interacting with the dog daily will help us ensure a good fit.**

No. of adults in household? \_\_\_\_\_ Ages? \_\_\_\_\_ No. of children in household? \_\_\_\_\_ Ages? \_\_\_\_\_

Besides your immediate family are others residing in your home? (Extended family members, friends, roommates, tenants)



How long will the dog be left alone (without humans) on a typical:      Weekday? \_\_\_\_\_  
Weekend? \_\_\_\_\_

Please describe where the dog will stay when you are not home (while you are at work, running errands, etc):  
\_\_\_\_\_

Are you familiar with crate-training dogs? \_\_\_\_\_

Are you willing to find out more about crate training and possibly implementing it with a new dog? \_\_\_\_\_

Please describe where the dog will sleep at night? \_\_\_\_\_

Do you have a yard? YES NO If yes, what size? \_\_\_\_\_ Is your yard fenced? \_\_\_\_\_

If so, describe your fence (material, height, etc): \_\_\_\_\_

How long to do you want to spend exercising your new dog on a daily basis?

5-30 MINUTES      30 MINUTES – 1 HOUR      OVER 1 HOUR

Will the dog receive formal obedience training? \_\_\_\_\_

What training methods have you used in the past with your dogs (please list trainer's name or name of obedience school if applicable)? \_\_\_\_\_

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

What would you do if your dog were to develop a problem with?

Digging:

Barking:

Chewing:

What will you do if your dog is destructive when left alone? \_\_\_\_\_  
\_\_\_\_\_

Do you understand and accept that changing a dog's environment may cause the dog to have accidents, especially in the early days of the adoption? \_\_\_\_\_

Have you ever sold, given away, or surrendered a pet to a shelter or otherwise? \_\_\_\_\_

If yes, please specify why the pet is no longer with you and where or to whom he/she went:  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, who will care for your dog? \_\_\_\_\_

How will your dog be cared for when you are out of town or on vacation? \_\_\_\_\_

Do you have any upcoming trips that might interfere with bringing a new dog home?

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**Pet History: The section below covers animals that are currently residing in the home as well as previous pet history. This ensures that any dog we match with you will be a great addition to your current animals!**

Please list ALL of your CURRENT pets:

1. Species: DOG CAT Other: \_\_\_\_\_ Name: \_\_\_\_\_

Gender: MALE FEMALE Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered? YES NO If no, please explain: \_\_\_\_\_

Where did you get this pet? \_\_\_\_\_ How long have you owned this pet? \_\_\_\_\_

2. Species: DOG CAT Other: \_\_\_\_\_ Name: \_\_\_\_\_

Gender: MALE FEMALE Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered? YES NO If no, please explain: \_\_\_\_\_

Where did you get this pet? \_\_\_\_\_ How long have you owned this pet? \_\_\_\_\_

3. Species: DOG CAT Other: \_\_\_\_\_ Name: \_\_\_\_\_

Gender: MALE FEMALE Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered? YES NO If no, please explain: \_\_\_\_\_

Where did you get this pet? \_\_\_\_\_ How long have you owned this pet? \_\_\_\_\_

How do you think any current pets will react to having a new dog in the home?

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List ALL other pets you have had in the past 10 years:

1. Species: DOG CAT Other: \_\_\_\_\_ Name: \_\_\_\_\_

Gender: MALE FEMALE Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered? YES NO If no, please explain: \_\_\_\_\_

Where did you get this pet? \_\_\_\_\_ How long did you own this pet? \_\_\_\_\_

What happened to this pet? If pet is deceased what was the date, age and cause of death? If not deceased where is the pet now? \_\_\_\_\_

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2. Species: DOG CAT Other: \_\_\_\_\_ Name: \_\_\_\_\_

Gender: MALE FEMALE Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered? YES NO If no, please explain: \_\_\_\_\_

Where did you get this pet? \_\_\_\_\_ How long did you own this pet? \_\_\_\_\_

What happened to this pet? If pet is deceased what was the date, age and cause of death? If not deceased where is the pet now? \_\_\_\_\_

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3. Species: DOG CAT Other: \_\_\_\_\_ Name: \_\_\_\_\_

Gender: MALE FEMALE Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered? YES NO If no, please explain: \_\_\_\_\_

Where did you get this pet? \_\_\_\_\_ How long did you own this pet? \_\_\_\_\_

What happened to this pet? If pet is deceased what was the date, age and cause of death? If not deceased where is the pet now? \_\_\_\_\_

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**Vet Info:**

Full name & phone number of your current veterinarian:

Name and phone number of ANY other veterinarians that you have used:

When was your current pet's last visit to the veterinarian and why?

**What did we forget? Please give us any further information on your family or lifestyle you would like us to consider when matching you with a dog.**

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