

**FOSTER CARE APPLICATION, DOG**

TODAY'S DATE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT PIXIE PROJECT? \_\_\_\_\_

Foster Care Application - Dog

**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? \_\_\_\_\_

**In order to determine which dog might be the best candidate for you and your current pets, please describe how the resident dog(s) do with the following:**

Seeing other dogs while on leash:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Meeting other dogs off leash:

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Having new people in your home:

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**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:

- |   |  |
|---|--|
| <input type="checkbox"/> ANY  | <input type="checkbox"/> SMALL (<15lbs)    |
| <input type="checkbox"/> PUPPY-YOUNG (6 weeks-2yo)                  | <input type="checkbox"/> MEDIUM (15-50lbs) |
| <input type="checkbox"/> ADULT                                      | <input type="checkbox"/> LARGE (50lbs +)   |
| <input type="checkbox"/> SENIOR                                     | <input type="checkbox"/> BONDED PAIRS      |
| <input type="checkbox"/> SPECIAL NEEDS MEDICAL (Post Op care, etc.) |  |

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 or willing to learn more about crate training? \_\_\_\_\_

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 dog needing specific behavioral training?  
\_\_\_\_\_

What training methods (or trainers) have you used in the past?  
\_\_\_\_\_  
\_\_\_\_\_

**What would you do if your foster dog was:**

Digging: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Barking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chewing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to transport the dog for any necessary veterinary care? \_\_\_\_\_

\_\_\_\_\_

**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](mailto: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*