



DOG ADOPTION APPLICATION

Name of Dog(s) you are applying for: _____

(Specific dog not required if submitting a generic application)

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 lifelong 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: _____

A COPY OF THIS APPLICATION WILL BE EMAILED TO PIXIE. Our adoption team will reply to you directly.

WHO DO 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
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)

What activities are you most interested in doing with your dog (check any that apply)?

DAILY RUNNING

NEIGHBORHOOD WALKS

HANG OUT IN THE HOUSE

DOG PARKS

WEEKEND TRIPS

OBEDIENCE TRAINING

(HIKING, BEACH, ETC)

What changes in your life are you anticipating in the next year? In the next five years? (For example, new baby, grandchildren, new job, moving, remodeling)

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: _____

How long 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: _____

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? Yes No Other: _____

Have you ever sold, given away, or surrendered a pet to a shelter or otherwise? Yes No

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?

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? _____

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:

Having new people in your home:

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?

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? _____

If pet is deceased what was the date, age and cause of death? If not deceased where is the pet now?

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? _____

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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Where did you get this pet? _____ How long did you own this pet? _____

If pet is deceased what was the date, age and cause of death? If not deceased where is the pet now?

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.