



CAT ADOPTION APPLICATION

Name of Cat(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 cats 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 cat.

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 CAT? _____
HAS YOUR FAMILY MET THIS CAT YET? _____

Adoption Application – Cat

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: _____

Complete answers to the following will help us match your specific needs and expectations.

Age desired? (Circle one): Any Specific Age: _____ Senior (8 years and older)

Desired Sex? (Circle one): Male Female Either

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

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) _____

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

Name(s), Age(s), and Relationship(s) of other resident(s) _____

Do they share your interest in adopting a cat? _____

Is there anyone in your home who disagrees with the plan to adopt a new cat? _____

Why would you like to adopt a cat from us? (Please check all that apply)

- Companion for self
- Companion for child
- Companion for other pet
- Companion for another household member
- Gift
- Mouser

Who will care for the cat (feed, clean litter box, ect)? _____

Would you consider a special needs cat or one who requires medication? _____

Does anyone in your family have allergies to cats? _____

May we visit your home prior to application approval? _____

Please list ALL of your current pets:

1. Species? (Dog/cat) _____ Name, Age & Gender: _____

Breed: _____ Indoor or Outdoor? _____

Spayed/ Neutered? _____ Up-to-date on vaccinations? _____ Declawed? _____

Where did you get this pet? _____ How long have you owned this pet? _____

2. Species? (Dog/cat) _____ Name, Age & Gender: _____

Breed: _____ Indoor or Outdoor? _____

Spayed/ Neutered? _____ Up-to-date on vaccinations? _____ Declawed? _____

Where did you get this pet? _____ How long have you owned this pet? _____

3. Species? (Dog/cat) _____ Name, Age & Gender: _____

Breed: _____ Indoor or Outdoor? _____

Spayed/ Neutered? _____ Up-to-date on vaccinations? _____ Declawed? _____

Where did you get this pet? _____ How long have you owned this pet? _____

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

1. Species? (Dog/cat) _____ Name, Age & Gender: _____

Breed: _____ Indoor or Outdoor? _____

Spayed/ Neutered? _____ Up-to-date on vaccinations? _____ Declawed? _____

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? _____

2. Species? (Dog/cat) _____ Name, Age & Gender: _____

Breed: _____ Indoor or Outdoor? _____

Spayed/ Neutered? _____ Up-to-date on vaccinations? _____ Declawed? _____

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? _____

Full name & phone number of your current veterinarian (applications will not be processed if you have a vet and do not provide the information): _____

Note: Please give your veterinarian consent to release medical records and information to The Pixie Project so as not to delay your application process.

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? _____

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

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 cat? _____

Do we have your permission to call your landlord to check on his or her approval? _____

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

How long will the cat be left alone (without humans) on a typical day? _____

Please describe where the cat will stay when you are not home: _____

Will your cat be allowed outdoors? _____

If yes, how often? _____ During what time(s) of day/night? _____

If yes, how will your cat have access to the outdoors? (Please check all that apply)

- | | | |
|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Cat door | <input type="checkbox"/> Front door | <input type="checkbox"/> Back door |
| <input type="checkbox"/> Window | <input type="checkbox"/> Kitty harness/leash | <input type="checkbox"/> Other _____ |

Do you plan on declawing your cat? _____ If yes, only front feet or all four feet? _____

What food do you plan on feeding the cat? _____

Are you committed to providing a responsible home for your cat's entire life (15+ years)? _____

Are you aware that routine costs can be a minimum of \$500 a cat per year? _____

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

- Inappropriate elimination (urinating/defecating outside the litter box):
- Jumping on counters:
- Scratching the furniture:

Do you understand and accept that changing a cat's environment may cause the cat to have accidents outside of the litter box, 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:

What type of personality best describes what you are looking for in a new cat? (Please check all that apply)

- | | | | | |
|----------------------------------|------------------------------------|---------------------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Playful | <input type="checkbox"/> Energetic | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Independent | <input type="checkbox"/> Calm |
|----------------------------------|------------------------------------|---------------------------------------|--------------------------------------|-------------------------------|

When/if you should have to move what will you do with your cat? _____

In case of emergency, who will care for your cat? _____

How will your cat be cared for when you are out of town or on vacation? _____