



Animal Adoption Application

In addition to this application, all applicants interested in adopting residents from Goatlandia will need to agree to a site visit of the animal's future home. Also, all applicants will be asked to sign a contract specifying the terms and conditions of the adoption if the application is approved. Adoptions shall not be considered finalized until the adoption contract is reviewed and completed. In addition, the payment of a non-refundable adoption fee is complete and the animal is delivered.

Information About You:

First name: _____

Last name: _____

Phone: _____ Email: _____

Sanctuary name (if applicable):

Mailing
address: _____

Address where adopted resident(s) will live (If different than above):

If others will be involved in the care of the adopted resident(s), please list them:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

List any animal-related organizations that you are affiliated with, your role in them, and their contact information:

Organization:

Contact information:

Your role:

With regards to animals, describe your current lifestyle: ___ Vegetarian ___ Plant-based / Vegan
If none of the above, please explain why:

What is your annual household budget?

___ Less than \$10,000 ___ \$10,000-30,000 ___ \$30,000-50,000 ___ Over \$50,000

Can you commit to keeping an emergency veterinary services fund for the adopted resident(s)?
If so, how much can you keep reserved for these services?

Your employer's name: _____

Employer's phone: _____

What is your position? _____

How long have you worked there? _____

Information About Your Property

How long have you lived/used on the property that the adopted resident(s) will live on?

Please describe the status of the property that the adopted resident(s) will live on:

____ Owned ____ Leased ____ Rented ____ Other (*Please describe*):

If you are renting or leasing this property, please provide your landlord's contact information:

Name: _____ Phone: _____

Number of adults who live on this property: _____ Number of children: _____

Age of oldest child living on property: _____ Age of youngest child: _____

Will any of the children have physical access to the adopted resident(s)? ____ Yes ____ No

Have you confirmed with local ordinances that your property is zoned for the species and number of residents you wish to adopt? ____ Yes ____ No

Describe the indoor and outdoor living spaces that the resident(s) will live on, including fencing:

Describe what measures of predator protection you've taken or will take to protect the resident(s) you wish to adopt:

What other animals live on your property? Will they be kept separate from the adopted resident(s)?

Please send at least **ten** photographs of the living spaces you intend for the adopted resident(s) to live in to adoptions@goatlandia.org.

____ I have sent the required photographs to the email address listed above
Initial

Adoption Specifics

Why are you interested in adopting one or more residents from us?

How did you hear of Goatlandia? Have you volunteered or visited us?

Have you adopted any residents from Goatlandia before?

No Yes

(If yes, Whom?) _____

Resident species you're interested in adopting (*Check all that apply*):

Pigs Goats Sheep Horses Female Chickens
Roosters Large Breed Chickens Turkeys Large Breed Turkeys
Ducks Other: _____

Can you share more detail about the resident(s) you're looking to adopt? Do you have one or more specific individuals in mind to adopt?

If you plan to adopt woolen residents, how do you plan to address their wool?

If you plan to adopt egg-laying residents, how do you plan to address their egg-laying?

How have you educated yourself on the proper care of the species you're interested in adopting?
What is your care experience background in these species?

What is your philosophy on euthanasia as it pertains to nonhuman animals?

Name of veterinarian or clinic(s) you use or intend to use:

Veterinarian or clinic address(es):

Veterinarian or clinic contact information:

Have you confirmed the veterinarian has experience with the species you wish to adopt:

- Yes

Please list two personal references:

Name: _____

Relationship to you: _____

Phone: _____

Email: _____

Name: _____

Relationship to you: _____

Phone: _____

Email: _____

By signing below, you certify that you are over the age of 18, all of the above information is truthful to the best of your knowledge, and you are prepared to provide lifelong care for the resident(s) you wish to adopt, including emergency veterinary care if necessary. You also authorize a Goatlandia representative to visit the site in which the resident(s) will be housed.

Signature of Adopter

Date

Signature of Authorized Agent (on behalf of Adopter)

Date

Printed Full Name (And Full Title, if Authorized Agent of Adopter)

Street Address

City _____ State/Province _____ Postal Code _____

Home or Work Telephone Number

Cellular Phone Number

Email Address

(organization use only)

Signature of Goatlandia Employee/ Witness

Date

Printed Full Name of Goatlandia Employee/Witness