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.

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<thead>
<tr>
<th>Signature of Adopter</th>
<th>Date</th>
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<tbody>
<tr>
<td>Signature of Authorized Agent (on behalf of Adopter)</td>
<td>Date</td>
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<tr>
<td>Printed Full Name (And Full Title, if Authorized Agent of Adopter)</td>
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<tr>
<td>Street Address</td>
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<td>City_________________ State/Province ______________ Postal Code________________</td>
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<td>Home or Work Telephone Number</td>
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<td>Email Address</td>
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<td>(organization use only)</td>
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<tr>
<td>Signature of Goatlandia Employee/ Witness</td>
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<td>Printed Full Name of Goatlandia Employee/Witness</td>
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