



ADOPTION APPLICATION

Mini Pig's Name (If you are applying for an individual): _____

Your Name: _____

Phone Number: _____ Best time to call: _____

Physical Address: _____

How long have you lived at this address? _____ Email Address: _____

Referred By: _____ Phone: _____

HOME

Do you: _____ Own a Home _____ Rent a Home _____ Rent an Apartment _____ Other

Do you live in a Planned Community or Home Owner's Association? _____ Yes _____ No

Does your local zoning allow pet pigs? _____ Yes _____ No

Do you have a fenced in yard? _____ Yes _____ No

Will foster pig have his or her own area of fenced in yard? _____ Yes _____ No

Do you have weather proof areas for foster pig outdoors? _____ Yes _____ No

Do you have a wading pool or mud hole in the summer? _____ Yes _____ No

Is there an area of shade throughout the day? _____ Yes _____ No

Do you have a well-insulated house for the pig? _____ Yes _____ No

Do you have a way to heat this house in the winter? _____ Yes _____ No

Do you have a way to provide fresh water throughout the winter? _____ Yes _____ No

Do you have a way to ensure the pig always has dry ground? _____ Yes _____ No

If mini pig will spend time indoors, do you have safe area(s) for mini pig? _____ Yes _____ No

FAMILY

Are you over 21 years of age? _____ Yes _____ No

Do you have a medical condition that would limit your ability to care for an adopted pig? ___ Yes ___ No

What is your occupation? _____

What is your spouse's occupation? _____

How many adults are living in the home? _____

Have they all agreed to take in an adopted pig? _____

How many children are living in the home & their ages? _____

If you have previously owned a pig, what happened? _____

If deceased, please list cause of death: _____

If rehomed, please describe the circumstances: _____

OTHER PETS

Do you have pigs of your own? _____ Yes _____ No

Are they all spayed and/or neutered? _____ Yes _____ No _____ Some Are/Are not

Will dogs be in contact with foster pig? _____ Yes _____ No

If separated, how will you separate the dog(s) from pig(s)? _____

Please list all pets in your household: _____

Do you have a gender preference? _____ Male _____ Female _____ Either

Please explain: _____

Do you have an age preference? Please explain: _____

Do you have a color preference: _____

What are you looking for in a mini pig, regarding personality, sociability, etc? _____

What type of activities do you plan on doing with your mini pig at home? _____

What type of activities do you plan on doing with your mini pig away from home (if any): _____

MINI PIG CARE

Main Veterinarian's Name: _____ Phone Number: _____

Is this veterinarian willing and able to spay/neuter pet pigs? _____ Yes _____ No

Emergency Veterinarian's Name: _____ Phone Number: _____

Does this veterinarian treat pet pigs? _____ Yes _____ No

What is your expected monthly cost for mini pig? _____

What routine maintenance or medical care do you plan to provide? _____

Who will be responsible for the care of mini pig? _____

Where do you intend to keep mini pig while you are home? _____ Inside _____ Outside

Where do you intend to keep mini pig while you are away from home? _____ Inside _____ Outside

If you travel or vacation, who will care for your mini pig? _____

If you need to move unexpectedly, what will happen to your mini pig? _____

Do you have appropriate food for mini pig? _____ Yes _____ No

Are you willing to adopt a mini pig that has health or medical problems? _____ Yes _____ No

Are you willing to adopt an unsocialized mini pig? _____ Yes _____ No

Are you willing to adopt a mini pig that has shown behavioral issues? _____ Yes _____ No

Are you willing to let a rescue representative visit your home to ensure it is an appropriate environment for a mini pig? _____ Yes _____ No

Additional comments: _____

As an adoptive parent you will be required to sign an adoptive agreement contract that includes the requirements of care and procedures for adopters. This is only an adoption application to help us get to know you and your home. We will contact you about your application very soon.

I hereby certify that the information I have provided above is true, correct, and complete to the best of my knowledge, and you may rely on this information to evaluate my application

Signature _____ Date _____