**Noah's Ark Potbellied Pig Sanctuary Adoption Application**

**\* ALL BLANKS MUST BE FILLED IN**

**If a question does not apply to you, fill in the blank with "N/A"**

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\* 1. Name of Pig desired:    
\* 2. Applicant's full name:    
\* 3. Co-applicant's full name:    
\* 4. E-mail address:  (Please double-check this)  
\* 5. Address:    
\* 6. City:    
\* 7. State:    
\* 8. Zip Code:    
\* 9. Daytime phone no:  (1 - xxx - xxx - xxxx)  
\* 10. Evening phone no:  (1 - xxx - xxx - xxxx)  
\* 11. Applicant's age:  \* 12. Co-applicant's age:    
\* 13. Why do you want a Pig at this time?  
   
\* 14. Why do you want this breed?    
\* 15. Weight of Pig desired:    
\* 16. Would you consider a special needs Pig?  Maybe  Yes  No   
\* 17. Would you consider a Pig that is not housebroken?  Maybe  Yes  No   
\* 19. Applicant's occupation:    
\* 20. Co-applicant's occupation:    
\* 21. Applicant's place of employment and phone no.:    
\* 22. Co-applicant's place of employment and phone no.:    
\* 23. Please specify what type of home you live in:  Single Family  Mobile home  Duplex  Condo  Townhouse  Other   
\* 24. Do you rent or own?  Own  Rent 

\* 25. If you rent, please provide the name and telephone number of your landlord:  
   
\* 26. How long have you lived at this address?    
\* 27. How long at your previous address?    
\* 28. Please list all people currently living at this residence, their relationship to the applicant and their ages:  
   
\* 29. Do you have a pool or hot tub?  Yes  No   
\* 30. If you do, is it fenced/covered so that a pet CANNOT get to it?  Yes  No Explain, if necessary.    
\* 31. Home visits are required by rescue. Is this acceptable to you?  Yes  No   
\* 32. Days and times you are available:    
\* 33. If you work, is anyone at home while you are working?  Yes  No   
\* 34. Will this person be responsible for the Pig?  Yes  No   
\* 35. Do you have a completely fenced area on your property?  Yes  No   
If No, please tell us how you will address the Pig's exercise and bathroom needs, etc.    
\* 36. How many hours each day will your Pig be alone? Weekdays:    
Weekends:  Evenings:    
\* 37. Where will your Pig be kept during the day (loose indoors, crate, basement, laundry room, kitchen, other confined room, fenced yard, chained outside, Pig run, outside kennel run, on lead attached outside, loose outdoors, garage, Pig house, etc.)? Please be specific!  
   
\* 38. Where will the Pig sleep at night? Again, be specific.    
\* 39. Who will be responsible for feeding the Pig?    
\* 40. Who will be responsible for housebreaking the Pig?    
\* 41. How much experience does this person have in housebreaking and training a Pig? Explain.  

\* 42. How would you handle housetraining? Explain.    
\* 43. Who will care for the Pig in the event you are ill, on vacation or otherwise incapacitated?    
\* 44. Have you, as an ADULT, owned a Pig before?  Yes  No   
If the Pig is no longer with you, please provide a brief explanation of where it is now.    
\* 45. Have you ever had an animal die at an early age?  Yes  No If yes, please explain.  
   
\* 46. Have you ever given an animal to another person, rescue or shelter?  Yes  No If yes, please explain.  
   
\* 47. Please list below any pets who currently live in your house. Include their name, breed, sex, age, years owned and whether or not they are spayed or neutered.  
   
\* 48. Are these pets up to date on shots, heartworm preventative, veterinary care, etc.  
 Yes  No   
If not, please specify which ones and why not.  
   
**VET REFERENCE: WE REQUIRE THAT YOU PROVIDE THE NAME OF YOUR CURRENT VET, OR IF YOU HAVE NO ANIMALS AT THIS TIME, THE NAME OF A VET YOU HAVE USED IN THE RECENT PAST. WE *WILL* CALL THIS VET TO CHECK ON YOUR PREVIOUS CARE OF ANIMALS.**  
\* 49. Name of vet's office:    
\* 50. Vet's phone number:    
\* 51. Vet's full address including state and zipcode:    
\* 52. Approximate date of last visit:    
\* 53. Reason for last visit:    
\* 54. What name are vet records listed under?    
Personal References (*not* family members):  
\* 56. (1) Name and phone number:    
\* 57. (2) Name and phone number:    
\* 58. (3) Name and phone number:    
\* 59. How did you hear about Noah's Ark?:    
  
\* 60. Would you be willing to volunteer some time to help us with rescue, foster care, transportation or home visits?  
Rescue? Y/N:    
Foster Care? Y/N:    
Transportation? Y/N:    
Home Visits? Y/N: 

**Adoption Donations for our Pigs are $100. These donations are necessary to help offset the expense of caring for these Pigs until we find them new homes. Your donation is tax deductible to the extent the law allows.**

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