



Sammy's Friends
14647 McCourtney Rd
Grass Valley, CA 95949
www.sammiesfriends.org

Incomplete Applications Will Not Be Considered

GOAT PREADoption QUESTIONNAIRE

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

1. Name of Goat:
2. Applicant's full name:
3. E-mail address:
4. Address:
5. City: State: Zip Code:
6. Daytime phone no: Work Phone no: Mobile Phone no:
7. Why do you want a Goat at this time?
8. Are you currently employed?
9. If you work, is anyone at home while you are working? Yes No
10. Do you own or rent your home?
11. If you rent, please provide the name and telephone number of your landlord:
12. How long have you lived at this address?
13. Please list all people currently living at this residence, their relationship to the applicant and their ages (children only):
14. Do you have a completely fenced area on your property? Yes No

Where will your Goat be kept during the day??
15. Where will the Goat sleep at night?

16. Have you, as an ADULT, owned a Goat before? Yes No

17. How much experience do you have with Livestock?

18. Please list any Livestock currently living on your property:

Number	Type	Breed	Age	Spayed/Neutered	Where is animal now?

19. Are these animals up to date on shots, heartworm preventative, veterinary care, etc.?

Yes No

If not, please specify which ones and why not.

20. Name of vet's office:

21. May we contact your vet?

22. Under what circumstances would you not keep this Goat?

23. Should you move or have any unforeseen event arise, what are your plans for this Goat?

24. What will you do with this Goat if the adoption does not work out?

By signing this application, you affirm that this Pig will not be used for consumption.

Signature: _____ Date: _____

Application Reviewed By: _____ Date: _____

Reviewing Staff Member: _____ Date: _____

DNA List Checked? YES ___

Approved: YES ___ NO ___

Pending Comments: _____