



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

Incomplete Applications Will Not Be Considered

PIG PREADoption QUESTIONNAIRE

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

1. Name of Pig:
2. Applicant's full name:
3. Co-applicant's full name:
4. E-mail address:
5. Address:
6. City: State: Zip Code:
7. Daytime phone no: Work Phone no: Mobile Phone no:
8. Why do you want a Pig at this time?
9. Are you currently employed?
10. If you work, is anyone at home while you are working? Yes No
11. Will this person be responsible for the Pig? Yes No
12. How many hours each day will your Pig be alone?
Weekdays: Weekends: Evenings:
13. Do you own or rent your home?
14. If you rent, please provide the name and telephone number of your landlord:
15. How long have you lived at this address?
16. Please list all people currently living at this residence, their relationship to the applicant and their ages (children only):
17. Do you have a pool or hot tub?
18. If you do, is it fenced or covered so that the Pig CANNOT get to it? Yes No

19. Do you have a completely fenced area on your property? Yes No

20. 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.)?

21. Where will the Pig sleep at night?

22. Who will be responsible for feeding the Pig?

23. Have you, as an ADULT, owned a Pig before? Yes No

24. How much experience do you have with this breed of pig?

25. How would you handle housetraining?

26. Who will care for the Pig in the event you are ill, on vacation, etc.

27. Have you ever given an animal to another person, rescue or shelter? Yes No
If yes, please explain.

28. Please list below any pets currently living in your house.

Number	Type	Breed	Age	Spayed/Neutered	Where is animal now?
	Cat(s)				
	Dog(s)				
	Livestock				

29. Are these pets up to date on shots, heartworm preventative, veterinary care, etc.
 Yes No
If not, please specify which ones and why not.

30. Name of vet's office:

31. May we contact your vet?

32. How much time are you willing to give this Pig to adjust to your home, training and any training it may need?

Under what circumstances would you not keep this Pig?

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

34. What will you do with this Pig if the adoption does not work out?

Where did you learn about this Pig?

Facebook ___ The Union ___ Petfinder ___ Other _____

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: _____