



Frederick Farm Goat Sanctuary's Resident Adoption Application

*In addition to this application, all applicants interested in adopting residents from **Frederick Farm Goat Sanctuary** 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 to the payment of a non-refundable adoption fee.*

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 two animal-related organizations that you are affiliated with, your role in them, and their contact information:

Organization 1:

Your role:

Contact information:

Organization 2:

Your role:

Contact information:

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 been 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 - Other: _____

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 (indoor and outdoor) to **meagan@frederickfarmgoats.com**:

I have sent the required photographs to the email address listed above

Adoption Specifics

Why are you interested in adopting one or more residents from us?:

How did you hear of **Frederick Farm Goat Sanctuary** ? Have you volunteered or visited us?:

Have you adopted any residents from **Frederick Farm Goat Sanctuary** before?:

- Yes (Whom?): _____

- No

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?

The adoption of some residents may require also adopting and providing lifelong care to one or more of their friends or relatives. Are you open to and prepared for this possibility?: - Yes

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 intend to use:

Veterinarian or clinic address(es):

Veterinarian or clinic contact information:

You've confirmed the veterinarian has experience with the species you wish to adopt: - Yes - No

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 **Frederick Farm Goat Sanctuary** representative to visit the site in which the resident(s) will be housed, both before adoption and at any time after adoption.*

Signature Date

Printed Full Name

Street Address

City State /Province Postal Code

Home or Work Telephone Number Cellular Phone Number

Email Address

Signature of **Frederick Farm Goat Sanctuary** Employee/ Witness

Printed Full Name of **Frederick Farm Goat Sanctuary** Employee/ Witness