



Pets & People Profile – Livestock

Thank you for filling out this profile.
The information you provide will help us help you
find the best match for you and your family.

Animal SB # _____
Person SB # _____
IP _____

PLEASE PRINT CLEARLY

Date _____ Name(s) of Adopter _____
 Street Address/PO Box _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Email _____ Driver's license # _____
 Names of others in household (include ages of children) _____
 Length of time at address _____ Own Rent Live with parents Military
 House Condo Apartment Mobile Home Boat Size restrictions? Yes No
 Landlord Name & Telephone _____ OK to call landlord? Yes No Later
 How did you hear about our adoption program? Friend/Family Newspaper Radio TV Web Other
 Please list your current veterinarian _____ City _____

APPLICANT'S NAME

CURRENT PETS

YOU & YOUR HOUSEHOLD

YOUR IDEAL ANIMAL

Type/Breed _____
 Name _____
 Age _____ Sex _____
 Spayed/Neutered Yes No
 Kept Inside Outside Both
 How long have you been caring for this pet?

 Type/Breed _____
 Name _____
 Age _____ Sex _____
 Spayed/Neutered Yes No
 Kept Inside Outside Both
 How long have you been caring for this pet?

 Type/Breed _____
 Name _____
 Age _____ Sex _____
 Spayed/Neutered Yes No
 Kept Inside Outside Both
 How long have you been caring for this pet?

Livestock Experience

- First-time guardian
- Have had one or two
- Knowledgeable & experienced

Describe your property

Size of enclosed area

Height of Fence

Type of fence

Type of shelter

Describe water set-up

Type of Livestock Desired:

- Chicken
- Rooster
- Duck
- Goose
- Peacock
- Sheep
- Goat
- Horse
- Pony
- Pig
- Other _____

DATE

PAST PETS — LAST FIVE YEARS

Type/Breed _____	Type/Breed _____	Type/Breed _____
Name _____	Name _____	Name _____
Age _____ Sex _____	Age _____ Sex _____	Age _____ Sex _____
Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No	Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No	Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No
Kept <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	Kept <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both	Kept <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both
How long did you care for this pet? _____	How long did you care for this pet? _____	How long did you care for this pet? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Have you ever owned the type of livestock you wish to adopt? Yes No If yes, how long ago? _____

Do you own any dogs? Yes No If yes, do you have a plan for preventing them from harassing your livestock?

Why do you want this animal? _____

What characteristics are important in your selection? _____

How will you transport the animal to it's new home? _____

Who will be responsible for your animal's care? _____

Are you familiar with this animal's needs for:
 Food/Water Yes No Socialization/Excercise Yes No Vet Care Yes No

Do all family members want this type of animal? Yes No

Does anyone in your household have allergies to animals? Yes No If yes, what kind of animal? _____

Do you have a livestock veterinarian? Yes No

If yes, who? _____

If no, do you need a referral to a livestock vet? Yes No

DATE	STAFF COMMENTS

GUIDELINE EXCEPTIONS

DATE _____ COUNSELOR INITIALS _____ APPROVED _____

CHECK PRIORS FILE/DATE _____ CHECK SB/DATE _____ DISCUSSED PRIORS _____

LANDLORD APPROVAL DATE _____ PARENT APPROVAL DATE _____