



# Adoption Application

## Adopter Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Referred By	

## Miscellaneous Information

Are you 18 or older?	
Are potbelly pigs legal in your city?	
Have you ever owned a potbelly pig?	
Are you aware of the size of an adult potbelly pig?	
Have you seen a potbelly pig at least 4-5 yrs old?	
Will this pig be kept indoors or outdoors?	
Will this pig be kept in a pen? If so, what size? What will it be made of?	
What type of bedding will be provided for the pig?	
Do you have a fenced yard?	
Is your yard landscaped?	
What type of plants are in your yard?	
What type of outdoor enclosure will be available to protect from the elements if living outdoors?	
What type of water source will be available for drinking/wallowing?	
Will the pig have access to shade, sunlight, and a dry area in the winter?	

### Miscellaneous Information Cont.

If pig is going to be an indoor pig – will there be access to outside when you're away?	
How many hours a day will the pig be left alone?	
When you travel, do you have an experienced pet sitter available?	
Are you aware of proper feeding and where to buy potbelly pig food?	
Is everyone in your family happy about adopting a pig?	
Do you have any other animals? If so, what types and how many?	
How do your current animals get along with new animals?	
Do you have children? If so, how many/what ages?	
For indoor pigs, what type of flooring do you have?	
Have you ever rehomed a pet? If so, how many, when and why?	
Do you own or rent your property?	
Do you live in a condo or townhome?	
Are you subject to HOA or CC&R guidelines?	
Do you have a specific pig in mind you'd like to adopt?	
If not, what type of specific characteristics are you looking for? (Age, color, gender and indoor/outdoor)	
If you are adopting a 2 <sup>nd</sup> pig, do you have experience w/pig intros?	

### Veterinarian Information

Please provide the contact information for the pig experienced vet you intend on using to treat your pig.

Vet Name/Clinic Name	
Street Address	
City ST ZIP Code	
Office Phone	
Fax Number	
E-Mail Address	

### Personal References

Please provide the contact information for three personal references that can speak of your character and home environment.

Name	
Address	
Phone Number	
Relationship to you	
Years Known	
E-Mail Address	
Name	
Address	
Phone Number	
Relationship to you	
Years Known	
E-Mail Address	
Name	
Address	
Phone Number	
Relationship to you	
Years Known	
E-Mail Address	

Do you have any questions about pet pigs? The adoption process? Pig introductions? Anything you need to ask before adopting a pig?

--

## Agreement and Signature

By submitting this application, I affirm the facts set forth in it are true and complete. I understand that if my application for adoption is approved, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate denial and forfeiture of any/all paid adoption fees.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest and support in adopting.

Please return all documents to [teri@sahh4life.org](mailto:teri@sahh4life.org) or mail to:

Saving Animals & Healing Hearts Inc  
3780 Carol Lane  
Ramona, CA 92065

All questions or comments may be directed to:

Saving Animals & Healing Hearts Inc  
(760) 961-560  
[sahh4life@gmail.com](mailto:sahh4life@gmail.com)