

PEACEABLE KINGDOM GUINEA PIG ADOPTION APPLICATION



Date:	Name of guinea pig desired:		
<i>Applicant and Household Information</i>			
Name:			
Address:			
City:	State:	Zip:	
Telephone numbers: Home:	Work:	Cell:	
E-mail Address:			Date of Birth:
Number of People in Household:		If children are in the household, please list ages:	
Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No			
What will you do if someone in your house develops allergies to this pet?			
How long have you been thinking of adopting a guinea pig?			
Does everyone in your home want this guinea pig? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you aware that some guinea pigs require a period of weeks or even months to adjust to their new home/environment/family/other pets? Are you willing to allow for this adjustment period? <input type="checkbox"/> Yes <input type="checkbox"/> No, I prefer a pet who will adjust quickly			
Are you presently: <input type="checkbox"/> Employed Employer: _____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student			
<i>Co-Applicant Information</i>			
Name:		Relationship:	
Telephone numbers: Home:	Work:	Cell:	
E-mail Address:			Date of Birth:
Are you presently: <input type="checkbox"/> Employed Employer: _____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student			
<i>General Information</i>			
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn			
If rental, are pets allowed?		Are there size restrictions on pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Complex name:			
Manager/Landlord:			Phone number:
How long have you lived at your current residence?			
Where will piggy live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside			
When I am home, my piggy will spend its time:			
How many hours per day will the guinea pig be alone?			
Where will the guinea pig stay when left alone?			
Describe the activity level in your home:		<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Moderate (Normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests)	
In the absence of the primary caregiver, who will care for the guinea pig?			

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Under what circumstances would you return the piggy to us? New Job Divorce New Baby Move Illness
 Other – specify _____

Are you willing to take responsibility if this pet acquires an illness? Yes No

Are you willing and able to pay the veterinary costs of caring for your new pet? Yes No

Do you agree to return your pet to Peaceable Kingdom if your conditions change and you are no longer able to care for your bunny (*must give two weeks' notice*) Yes No

Pet Information

Have you had pets in the last five years? Yes No If yes, complete the following chart

Name of Pet; Type of Pet & Breed	Years Owned	Spayed/Neutered	Inside/Outside	Where is Pet Now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	

Current or past name of veterinary clinic: _____ Phone number: _____

Name of veterinarian treating my pets: _____ Phone number: _____

May we have permission to contact them regarding your application? Yes (a release may be required) No

Are your pet(s) current with vaccinations and vet care? Yes No I don't know

If you have a dog or cat, are they friendly around guinea pigs? Yes No I don't know

Have you lost a guinea pig in the past year due to death or another reason? Yes No

If yes, please explain:

Have you ever had a pet that was lost or hit by a car, surrendered a pet to a shelter or given a pet away? Yes No

If yes, please explain:

Personal Reference

Name: _____	Relationship: _____
Phone: _____	Best time to contact: _____

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By signing below, I am agreeing that all the above information is correct.

Signature: _____ **Date:** _____