

Animal Protection Coalition, Inc.

10474 West 800 South
Owensville, IN 47665
Tel: (812) 729-7111

www.animalprotectioncoalition.org

Caprine/Ovine Adoption and/or Foster Application

Applicant Information:

Please circle each option that applies: **I'm an Adoption Applicant** **I'm a Foster Applicant**

Name

Mailing Address

City, State, Zip Code

County

Home Phone Number

Work Phone Number

Mobile Phone Number

E-mail Address

All Applicants must be over the age of 18. Are you over the age of 18? Yes _____ No _____

Have you ever been charged with or convicted of animal abuse and/or neglect?

Yes _____ No _____

If Yes, please explain:

Membership Information:

Are you a current Member of Animal Protection Coalition, Inc.? Yes _____ No _____

If you selected Yes, please tell us your Membership Expiration Date: _____

If you selected No, there is a **\$25 Application Fee** which includes a one-year membership; there is no application fee required if you are a current member. APC is a 501 (c)3 non profit organization. All contributions are tax deductible as allowed by law and your personal circumstances. **Please make checks payable to Animal Protection Coalition, Inc., and mail to 10474 West 800 South Owensville, Indiana 47665** or you may pay with **PayPal** on our website: www.animalprotectioncoalition.org

Caprine/Ovine Related Information:

Do you currently own any caprine/ovine? Yes _____ No _____ If Yes, how many? _____

Please give us the date you last vaccinated your caprine/ovine(s): _____ / _____ / _____

Types of vaccinations your caprine/ovine(s) received:

Please give us the date you last dewormed your caprine/ovine(s): _____ / _____ / _____

Which deworming product did you use?

If you do not own any caprine/ovine(s), have you owned any in the past and if so how long did you own it for?

Within the last 5 years have you given away or sold any caprine/ovine(s), if so please explain?

Within the last 5 years have any caprine/ovine(s) died while in your care, if so please explain?

Describe your experience with goats/sheep, handling, caring for, birthing, training, showing:

Will the caprine/ovine adopted/fostered be housed at the address stated on the first page?

Yes _____ No _____

If you selected No, please provide the following information:

Facility Name	
Facility Address	City, State, Zip
Contact Person	Facility Phone Number

Facility Information:

If your adopted/fostered caprine/ovine will be kept in a barn, please answer the following questions:

Stall Size	How many hours will animal be turned out?
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If adopted/fostered caprine/ovine will be pastured, at any time, please answer the questions:

Pasture Size	Number of other caprine/ovine that will kept in the same pasture
Describe the type and size of shelter in pasture.	Describe the type of fencing that is used for the pasture

Caprine/Ovine Care Information:

Who will be feeding the adopted/fostered caprine/ovine?

Does this person have experience with caprine/ovine?

How often do you plan on feeding the adopted/fostered caprine/ovine?

How often do you plan on deworming the adopted/fostered caprine/ovine?

What type of deworming products do you plan to use?

How often do you plan on having a farrier trim and the adopted/fostered caprine/ovine?

How often do you plan on taking the adopted/fostered caprine/ovine to visit a veterinarian?

Foster Care Information: *(For Foster Homes ONLY, if you only want to adopt, skip this section!)*

I would be able to foster: *(please circle ALL that apply)*

Pigmy Goat Average Size Goat Large Goat Goat with Kids

Small Sheep Average Size Sheep Large Sheep Sheep with Lamb

I would be able to foster an equine that fits into the following criteria: *(please check ALL that apply)*

_____ **A caprine/ovine with health problems**

_____ **A caprine/ovine with training issues**

_____ **A caprine/ovine that is young and has no training**

_____ **A caprine/ovine that has a limited activity level**

_____ **An older caprine/ovine**

_____ **A caprine/ovine that is pregnant**

_____ **A caprine/ovine that was seized by law enforcement, while waiting a hearing** *(The owner may be awarded custody of the animal by a judge)*

_____ **A caprine/ovine with serious hoof conditions** *(Founder, Laminitis, Navicular, etc.)*

_____ **A stallion or a newly gelded caprine/ovine**

How many fostered caprine/ovine could you house on a regular basis?

In an emergency?

Adoption Information: *(For Adoption ONLY, if you only want to foster, skip this section!)*

Please list the names of the caprine/ovine (s) that you are interested in adopting, in order of preference:

1. _____ 3. _____

2. _____ 4. _____

What are you planning on using your adopted caprine/ovine for?

How much time, per week, will you spend working with the adopted caprine/ovine?

Please list each person's name, their age, experience level (1=no experience to 10=very experienced) of every person that will be working with the adopted caprine/ovine:

Reference Information: *(You are responsible for getting all three of the reference forms signed and returned to Animal Protection Coalition, Inc. The following information is for our records so that we can match applications and reference forms together if they are faxed, mailed, or e-mailed separately.)*

Veterinary Reference Name

Phone Number

Please check which applies:

Address

_____ **This is my current vet. # Years used** _____

City, State, Zip Code

_____ **This is the vet I plan on using.**

Personal Reference #1 Name

Phone Number

Address

City, State, Zip Code

Personal Reference #2 Name

Phone Number

Address

City, State, Zip Code

I understand that by filling out and signing this application, I am applying to adopt and/or foster a caprine/ovine from Animal Protection Coalition, Inc. I also understand that my application must be approved before I will be allowed to adopt/foster a caprine/ovine from Animal Protection Coalition, Inc. I also understand that my application may be denied for any reason and I may not be able to adopt and/or foster a caprine/ovine from Animal Protection Coalition, Inc.

I also agree and understand that the information provided in this application may be used to request background checks, including criminal records to verify personal information.

By signing this application, I am stating that all information provided is true and I understand that there may be consequences to providing faulty information.

Applicant's Name (Printed)

Date

Applicant's Signature (Application is VOID without signature)

Please send your application to our main organization:

Animal Protection Coalition, Inc. Corporate Offices

10474 West 800 South

Owensville, IN 47665

Tel: (812) PAWS111

(812) 729-7111

Fax: (206) 338-5604

E-mail: apc@animalprotectioncoalition.org

For addresses for our other divisions please visit

<http://www.animalprotectioncoalition.org>