

Animal Protection Coalition, Inc.

Caprine/Ovine Donation Questionnaire

Caprine/Ovine Information

Goat/Sheep's Name	Gender
Breed	Age
Height	Weight
Color/Markings	
Is the caprine/ovine registered? If so please name the Registry or Association Name & the Registration #	
Does the caprine/ovine have a lip tattoo? If so, what is the tattoo?	
Is the caprine/ovine branded? Where is brand located? Please describe the brand or draw it here:	

Temperament & Training Information

How long have you owned this caprine/ovine?	
Temperament <i>(circle one)</i>	1 = Very Quiet 2 3 4 5 6 7 8 9 10 = Highly Spirited
Friendliness with people <i>(circle one)</i>	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly
Friendliness with caprine/ovine <i>(circle one)</i>	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly
Friendliness towards dogs <i>(circle one)</i>	1 = Nasty/Afraid 2 3 4 5 6 7 8 9 10 = Very friendly
Does this caprine/ovine have a history of: (check all that apply and explain if "yes")	
<input type="checkbox"/> Bucked <input type="checkbox"/> Reared <input type="checkbox"/> Kicked <input type="checkbox"/> Bitten <input type="checkbox"/> Other	
Explain: _____	
Is this caprine/ovine easy to: (check all that apply)	
<input type="checkbox"/> Lead <input type="checkbox"/> Tie <input type="checkbox"/> Trailer <input type="checkbox"/> Clip Other: _____	
Please describe any training this caprine/ovine has had:	
_____ _____ _____	

Housing Information

In what kind of housing situation is the caprine/ovine used to ? <i>(pasture, stall, etc.)</i>
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What type of turnout schedule is the caprine/ovine used to?

In what kind of fencing is the caprine/ovine used to? (*board, tape, elec wire, etc.*)

Health Information

What and how much is the caprine/ovine currently being fed?

Is the caprine/ovine on any type of supplements or medications? *If yes, please describe.*

Describe any current or previous health problems:

Does the caprine/ovine have any special needs?

Describe any current or previous lameness problems:

Is the caprine/ovine current on vaccinations? If so, which and when were they last administered?

Disease	Date	Disease	Date
_____	_____	_____	_____
_____	_____	_____	_____

Date & product of last worming

Date of last farrier care

General Information

Owner's Name

Veterinarian's Name

Address

Address

City/State/Zip Code

City/State/Zip Code

Telephone Number

Telephone Number

Is there anything else you can tell us about the caprine/ovine that will enable us to help find him/her the best possible home?

Thank you for providing us with valuable information about the caprine/ovine, it will help us find the best home possible!