

Guinea Pig Adoption Request/Interest Form

Instructions: Please complete as much information as possible. Feel free to expand on any issue or ask any question in the *Comments* section at the bottom. Please **DO NOT leave any sections BLANK or put "I don't know" or "whatever it takes."** Forms with blank spaces will be returned for revision. Please save it and email it to cavyhaven.adoptions@gmail.com

Basic Information

<i>Name</i>			
<i>Email</i>			
<i>Address</i>			
<i>City</i>			
<i>St, Zip</i>			
<i>Work Phone</i>			
<i>Home Phone</i>			
<i>Cell Phone</i>			
<i>I am inquiring for</i>	<input type="checkbox"/>	<i>My child</i>	
	<input type="checkbox"/>	<i>Family</i>	
	<input type="checkbox"/>	<i>Myself</i>	
	<input type="checkbox"/>	<i>Other</i>	

Caretaking

<i>The primary care giver will be</i>	<input type="checkbox"/>	<i>My child (please specify age)</i>	
	<input type="checkbox"/>	<i>Myself, as parent</i>	
	<input type="checkbox"/>	<i>Myself</i>	
	<input type="checkbox"/>	<i>Other</i>	
<i>Who will give veggies in the morning and evening?</i>	<input type="checkbox"/>	<i>Myself</i>	
	<input type="checkbox"/>	<i>My child</i>	
	<input type="checkbox"/>	<i>My spouse</i>	
	<input type="checkbox"/>	<i>Other</i>	
<i>Who will refresh the pellets, hay, and water daily?</i>	<input type="checkbox"/>	<i>Myself</i>	
	<input type="checkbox"/>	<i>My child</i>	
	<input type="checkbox"/>	<i>My spouse</i>	
	<input type="checkbox"/>	<i>Other</i>	
<i>Who will change the cage at least once per week?</i>	<input type="checkbox"/>	<i>Myself</i>	
	<input type="checkbox"/>	<i>My child</i>	
	<input type="checkbox"/>	<i>My spouse</i>	
	<input type="checkbox"/>	<i>Other</i>	
<i>Who will weigh the guinea pig(s) weekly and trim their nails every 3 weeks?</i>	<input type="checkbox"/>	<i>Myself</i>	
	<input type="checkbox"/>	<i>My child</i>	
	<input type="checkbox"/>	<i>My spouse</i>	
	<input type="checkbox"/>	<i>Other</i>	

Do you have a digital gram scale to weigh your guinea pig(s)?	Yes, I have one	* Wal-Mart has the most inexpensive digital gram scale, called the "Good Cook" kitchen scale.
	I will purchase one before adoption*	
Who will clip the guinea pigs' nails every 3 weeks?	Myself	
	My child	
	My spouse	
	Other	

Pet Ownership

Piggie/s of interest <i>(opt)</i>	
Desire Single or Non-mating Pair?	Single
	Non-mating pair
Need friend for existing guinea pig?	
I have the following guinea pigs currently	Male (intact)
	Male (neutered)
	Female (intact)
	Female (spayed)
	More than one female
	More than one male
	A mixed herd (both males and females)
If you currently have a guinea pig/s, please describe their SPECIFIC care, including frequency of feedings, bedding, . . .	

Please list other pets in the household and include as much detail as possible, including how long you've had the pet	Type, Age, Sex, Spayed/Neutered, Where kept, How long in your care?	
How much money—per week—are you willing to budget to care for a guinea pig/s?	\$0 because	
	\$5	
	\$10	
	\$15	
	\$20	
	\$25	
	\$30	

<i>Are you willing to take the guinea pig/s to a vet for an annual checkup?</i>	
<i>How much money are you willing to spend in a medical emergency for a guinea pig? Please do not put 'whatever it takes'.</i>	
<i>Which vet do you currently use or were planning to use?</i>	
<i>If you have a cage, please describe it, especially dimensions</i>	
<i>Anticipated or existing cage location (which room in house or outdoors)</i>	
<i>Do you rent or own?</i>	
<i>Landlord name and phone number</i>	
<i>Have you ever owned guinea pigs before? If yes, please describe history</i>	
<i>Please talk about your past pets. Please include type, age, sex, where you got him/her, why you stopped owning him/her</i>	<i>If so, when?</i>
<i>Have you ever had to surrender an animal to a shelter? If so, please describe the circumstances</i>	

Household

<i>Do any members of your family or household have any allergies to animals? If yes, please describe</i>	
<i>Do any members of your household suffer from asthma?</i>	

<i>Does your house have an air cooling system? Please describe.</i>	
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Future Plans

<i>Please describe why you want a guinea pig as a companion</i>	
<i>Do you plan on showing the guinea pig/s?</i>	
<i>Would you like to breed the guinea pig/s now or in the future?</i>	<i>Yes, now</i>
	<i>Yes, later</i>
	<i>It would be nice to have babies sometimes in the future</i>
	<i>No</i>
<i>Do you plan on moving anytime soon?</i>	<i>Yes</i>
	<i>No</i>
<i>When you go away on vacation, who will take care of the guinea pigs?</i>	<i>Family member</i>
	<i>Neighbor</i>
	<i>Friend</i>
	<i>Pet Sitting Service</i>
<i>If your child goes away to college, what will you do with your guinea pigs (remember that they live 6-8 years)</i>	<i>We will keep them for their lifetime</i>
	<i>We will find them a new home</i>
	<i>Don't know</i>
	<i>n/a</i>

Research

<i>How much research have you done to prepare for your guinea pig(s)?</i>	<i>What I was told at the pet store</i>
	<i>What I was told by the breeder</i>
	<i>What my friends have told me</i>
	<i>Books on guinea pig care</i>
	<i>Preliminary internet research</i>
	<i>Moderate internet research</i>
	<i>Extensive internet research</i>
<i>Other</i>	
<i>Do you have internet access?</i>	<i>Yes, full internet access</i>
	<i>Yes, limited access</i>
	<i>No, not old enough</i>

	<i>Other</i>	
<i>Are you willing to allow an OCCH volunteer to contact you to check up on the pigs and to answer any questions about them? Additional Comments</i>	<i>Yes</i>	
	<i>No</i>	