

# EXOTIC ANIMAL ADOPTION APPLICATION



- East Shore Office
- West Shore Office

In order to be considered an Adopter, you must meet the following requirements:

- Be at least 18 years of age
- Have a current Driver's License or State Identification showing your current address
- Have the knowledge and consent of your landlord if applicable
- Be able to provide the proper care and training needed for this specific dog

***Please understand that it is our job to find appropriate homes for the animals in our care. In order to help you find the right pet, we ask you to complete this application, filling in all the information requested. False or incomplete information may result in your application being denied. Thank you.***

## PERSONAL INFORMATION

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ (if less than 5 years, list your previous address below)

ID No.: \_\_\_\_\_ State: \_\_\_\_\_ Type (circle one): Military State Driver's License

Address on ID: \_\_\_\_\_

Date of Birth (day/month/year): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ How long: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

If unemployed or a student, please list source(s) of income: \_\_\_\_\_

Have you ever been charged with and/or convicted of Animal Cruelty?  Yes  No

Please list any other persons residing in your home, their ages, and their relation to you:

Name	Relation	Age

**EXOTIC ANIMAL ADOPTION APPLICATION**



Name(s) from Page 1: \_\_\_\_\_

Please circle type of housing you reside in: House Apartment Condo Mobile Home Duplex Other

Do you currently (circle one): Rent Own Live with Relatives

If you rent or live with relatives, do they approve and/or does your lease allow for this type of pet? Yes No

Landlord's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does everyone in your household agree on this particular pet? Yes No

Does anyone in your household have animal allergies? Yes No Are they on medication for it? Yes No

**ABOUT YOUR PETS**

Is this your first experience owning a pet? Yes No Have you owned this type of pet before? Yes No

If yes, where is this pet now? \_\_\_\_\_

Please list the animals your currently own:

Name	Breed/Species	Spayed/Neutered (yes or no)	Age

How many dogs and cats have you owned in the past 5 years? \_\_\_\_ dogs \_\_\_\_ cats \_\_\_\_ other

If you no longer own these pets, please explain why: \_\_\_\_\_

Please list the name of your current Vet or the Vet Clinic you use for your current and/or previous pets below:

Vet or Clinic's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is your name listed as the Primary Owner of the listed pet(s) with the Vet or Clinic's office? Yes No

If you answered no, who's name is listed as the Primary Owner? \_\_\_\_\_

Are your current pets up to date on their vaccinations? Yes No

Have you ever adopted an animal from a shelter before? Yes No Name of shelter: \_\_\_\_\_

If you answered yes, do you still own the animal? Yes No

If you answered no, where is the animal now? \_\_\_\_\_

Have you ever taken an animal to a shelter before? Yes No Why? \_\_\_\_\_

**EXOTIC ANIMAL ADOPTION APPLICATION**



Name(s) from Page 1: \_\_\_\_\_

**ABOUT THIS PET**

Please check your reason(s) for adopting this particular animal:

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Watch animal              | <input type="checkbox"/> Breeding    | <input type="checkbox"/> Companion for yourself |
| <input type="checkbox"/> Companion for another pet | <input type="checkbox"/> Child's pet | <input type="checkbox"/> Gift for _____         |

Who will be responsible for the daily care of this pet? \_\_\_\_\_

If you had to go on vacation, what would you do with this pet? \_\_\_\_\_

If you had to move, what would you do with this pet? \_\_\_\_\_

If you had to get rid of this particular pet, what would you do? \_\_\_\_\_

Please check one of the options below to explain where this cat will be primarily kept:

- |                                   |   |                                      |                                 |
|-----------------------------------|---|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Home     | <input type="checkbox"/> Fenced yard    | <input type="checkbox"/> Outdoor Pen | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Basement | <input type="checkbox"/> Patio or Porch | <input type="checkbox"/> Other _____ |                                 |

Are you financially able to afford proper care for this pet, such as toys, litter, food, etc.? Yes No

Why have you chosen this particular pet for adoption? Please be as specific as possible.

\_\_\_\_\_  
\_\_\_\_\_

How much do you anticipate spending on this particular pet during the course of one calendar year? \_\_\_\_\_

Please list two (2) references not including family members:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**EXOTIC ANIMAL ADOPTION APPLICATION**



Name(s) from Page 1:

---

*I understand that the Humane Society of Harrisburg Area, Inc. is not able to give any guarantees on the health, training, or temperament of this animal and that the adoption fee(s) is not refundable under any circumstances. \_\_\_\_\_ (initial)*

*I understand and accept that authorized Humane Society of Harrisburg Area, Inc. agents sometimes will do follow-up visits to an adopter's home to check on the care the animal is receiving and can remove the animal if unsatisfied with the viewed conditions. \_\_\_\_\_ (initial)*

*Unanswered questions, incomplete answers, and/or false information may result in this animal's Adoption Application being denied. The Humane Society of Harrisburg Area, Inc. reserves the right to refuse adoptions. \_\_\_\_\_ (initial)*

*I/We give permission for the Humane Society of Harrisburg Area, Inc. and/or their agents to verify this information through any available means. \_\_\_\_\_ (initial)*

*Would you object to an authorized agent of the Humane Society of Harrisburg Area, Inc. inspecting the animal(s) and premises where the animal will be kept? Yes No*

*I/We certify that the aforementioned information is true and correct to the best of my/our knowledge. \_\_\_\_\_ (initial)*

---

Print Name

---

Print Name

---

Signature and Date

---

Signature and Date

---

Witness – Print Name

---

Witness – Signature