

EXOTIC ANIMAL ADOPTION APPLICATION

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS APPLICATION IN IT'S ENTIRETY.

We realize that adopting a new furry friend can be very exciting and emotional, as it's such an important and life-changing decision! Because of this, we are very thorough in our adoption process, making every effort we can to find the best possible match for a forever home for each of the animals here at the Humane Society of Harrisburg Area, Inc. Please understand that we do reserve the right to deny an adoption application based on our discretion to place our animals in the best possible home environment.

Again, please answer ALL questions. Incomplete applications will cause your application to be delayed or denied. Your Driver's License or Photo Identification Card is required which reflects your current address.

LET'S GET STARTED!

Name of the animal for which you are applying: _____

Is this your first experience owning a pet? Yes No

Have you owned this type of pet before? Yes No

TELL US ABOUT YOURSELF!

Your Name: _____

Your Age: _____ Birth Date: _____

(Please note in order to be considered an adopter, you must be at least 18 years of age.)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Place of Employment: _____

Employer Phone: _____

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



Humane Society
OF HARRISBURG AREA

Building a Better Community for Pets & People



List the names and ages of any persons living with you, and their relationship to you:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

(Please list any additional persons on the back of this page)

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

Have any members of your family ever been charged with and/or convicted of Animal Cruelty?

Yes No

Have you ever adopted an animal from a shelter before? Yes No

If yes, what was the name of the shelter? _____

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

If yes, why? _____

TELL US ABOUT YOUR HOME!

Do you currently: Own Live with Relatives Rent Rent to Own

Type of home: Single-Family Townhome or Condo Apartment Mobile Home

Long-Term Hotel/Motel Room

(Please list name of the hotel/motel and location): _____

Are you willing to provide proof of a mortgage/homeownership? Yes No

If you rent your home, please list the name and phone number of your landlord:

Name: _____ Phone: _____

How long have you lived at this location?: _____



TELL US ABOUT YOUR OTHER PETS!

Please note that any current animals living in your home must be up-to-date on their Rabies and Distemper vaccines in order for the staff at the Humane Society of Harrisburg Area, Inc. to accept your adoption application. In addition, vaccines can take a maximum of five days to be effective in providing protection to your pet. Therefore, we enforce a strict five day waiting period between the time your current animals are vaccinated and the ability for an HSHA animal to be adopted into your home.

Please list other animals currently in your home:

Animal #1: Name: _____ Species: _____

Breed: _____ Age: _____

Please circle: Male or Female Neutered or Spayed

Temperament with People: _____

Temperament with other animals: _____

Animal #2: Name: _____ Species: _____

Breed: _____ Age: _____

Please circle: Male or Female Neutered or Spayed

Temperament with People: _____

Temperament with other animals: _____

Animal #3: Name: _____ Species: _____

Breed: _____ Age: _____

Please circle: Male or Female Neutered or Spayed

Temperament with People: _____

Temperament with other animals: _____

(Please list any additional animals on the back of this page.)

TELL US ABOUT THE PETS YOU'VE HAD BEFORE!

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

_____ Dogs _____ Cats _____ Other



Please list prior animals and what happened to them:

Animal #1: Name: _____ Species: _____
Breed: _____ Age: _____

Why do you no longer have this pet?: _____

Animal #2: Name: _____ Species: _____
Breed: _____ Age: _____

Why do you no longer have this pet?: _____

Animal #3: Name: _____ Species: _____
Breed: _____ Age: _____

Why do you no longer have this pet?: _____

(Please list any additional animals on the back of this page.)

TELL US ABOUT YOUR PLANS FOR THIS PET!

Please check one of the options below to explain the primary residence for this pet:

- Fenced Yard Inside the Home Patio/Porch Garage
 Basement Outdoor Kennel Other: _____

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

How many hours will this pet be left alone? _____

Where will this pet stay when you are not at home?: _____

Will there be an adult home during the day? Yes No Who? _____

Where will this pet sleep at night?: _____ _____ _____

What do you do - or plan to do with your animal(s) while you are on vacation?: _____

How much money do you expect to have to spend on this pet each year *(this includes a minimum of annual check-ups, grooming, vaccinations, and food)*?: _____

If you had to get rid of this particular pet, what would you do?: _____



Why do you wish to adopt this particular pet?

- Companion for You/Spouse Companion for Child/Children Companion for Other Pet
 It will be a gift for _____ Replace Lost/Deceased Pet Watch Animal
 Breeding Other (*please explain below*)
-

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

PERSONAL REFERENCES! (*Please do NOT list family members*)

Reference #1: Name: _____

Address: _____

Phone: _____

Relationship to you: _____

Reference #2: Name: _____

Address: _____

Phone: _____

Relationship to you: _____

YOUR VETERINARIAN!

To expedite the application process, please provide us with proof of your current pets' up-to-date vaccine records/documentation. If this is your first pet, please list the veterinarian you plan to see for the care of your dog.

Are your current pets up-to-date on vaccines? Yes No

Is your named 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? _____



Veterinarian's Name: _____

Address: _____

Phone: _____

We will be contacting your veterinarian for a reference check. Please contact your veterinarian in advance to grant our staff permission to access your pets' information/records.

ACKNOWLEDGMENT & RELEASE!

Please initial each statement confirming your agreement and understanding.

_____ 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.

_____ 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.

_____ 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.

_____ I/We give permission for the Humane Society of Harrisburg Area, Inc. and/or their agents to verify this information through any available means.

_____ 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.

Print Name

Print Name

Signature & Date

Signature & Date

Witness - Print Name

Witness - Signature

