



Humane Society OF HARRISBURG AREA

EXOTIC ANIMAL ADOPTION APPLICATION

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 (month/day/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 relation to you, and their ages:

Name	Relation	Age

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

Do you currently (circle one): Rent Own Rent to 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: _____

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Name(s) from Page 1:

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 all animals currently in the home:

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 the current Vet or Vet Clinic you use for the 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 the 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? _____

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 _____ |

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Name(s) from Page 1:

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, bedding, 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: _____

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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