

Fur Angels Animal Sanctuary

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Reptile Adoption Application

Date: _____

Name of pet you are applying for: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: (H) _____ **(C)** _____ **(W)** _____

Email: _____

Best time to reach you: _____

Date of Birth: _____

Reason(s) for adoption: _____

Is this your first pet: Yes () No ()

How have you prepared your home and family for the care of this reptile you are interested in adopting? This includes information of enclosure and accessories you have for this reptile.

Please tell us about your other pets and reptiles in the household:

Number of pets in household: _____

Name, Breed/Species of pet(s), Age of pet(s): _____

Exotic Vet Information

Vet name: _____

Address: _____

Phone number: _____

How long have you used this vet? _____

Do all of your family members support this adoption?

Yes () No ()

Family members in household:

Adults _____

Name(s), age(s) and relationship: _____

Children: _____

Name(s), age(s) and relationship: _____

Where will you keep the reptile you are wishing to adopt?

Indoor () Indoors and outdoors () Outdoors only ()

Do you: Rent () Own () House () Apartment ()

If renting, Landlord name and phone number (if renting, you are required to obtain permission from your landlord):

Are there restrictions against owning reptiles where you live?

Yes () No () If yes, explain: _____

If you move, what would you do with your adopted reptile?

List every pet you have had and what happened to the pet(s) – include the breed of the pet(s) and ages:

Have you ever surrendered a pet/reptile? Yes () No ()

If yes, please explain: _____

Do you believe a pet is a lifelong commitment? Yes () No ()

Some reptiles can live up to 100 years. Do you agree to care for

the reptile throughout its life? Yes () No ()

What would you do if you no longer could care for the reptile?

Under what conditions could you no longer keep the reptile?

**If you have to go away for several days or longer, who will care
for your reptile? _____**

**Would you allow a representative of Fur Angels Animal Sanctuary
visit your home regarding this adoption? Yes () No ()**

Signature of adopter

Date

Signature of FSSA staff

Date