



Adams County SPCA
11 Goldenville Road, Gettysburg, PA 17325
Phone: 717-334-8876 / Fax: 717-334-1338
website: www.adamscountyspca.org

Adoption Application Exotics

Date: _____ Exotic Animal you are interested in: _____

- ❖ In order to be considered an adopter, you must meet the following requirements:
 - Be at least 18 years of age
 - Have a current Drivers License or State Identification showing your current address
 - Have the knowledge and consent of your Landlord/Guardian (if applicable)
 - You must be able to provide the proper care and training needed for this specific pet
 - You must be an ACSPCA Member. This can be done during the adoption for half price.

Please be aware that it is our job to find the appropriate homes for the animals in our care. These animals have already had a traumatic life, and we need to be sure this home is the right one. False or incomplete information on this application will result in the denial of any potential adoption.

Personal Information

- ❖ Name: _____ Are you over the age of 18? **Yes** ____ **No** ____
- ❖ Address: _____
- ❖ City: _____ Township: _____
- ❖ State: _____ Zip: _____ County: _____
- ❖ Home Phone: _____ Work Phone (or Other): _____
- ❖ How long have you lived at the above address: _____
- ❖ If Less than 5 years:
 - Please fill in previous address if moved within the last 5 years:
- ❖ Address: _____
- ❖ City: _____ Township: _____
- ❖ State: _____ Zip: _____ County: _____
- ❖ How long were you at this address? _____
- ❖ ID #: _____ State of issue: _____ Type (mark one): Military ____ State ____ Drivers Lic ____
- ❖ Address on ID: _____
- ❖ Date of Birth (day/month/year): _____ E-mail Address: _____
- ❖ Place of employment: _____ How Long: _____
- ❖ Supervisor's Name: _____ Contact Number: _____
- ❖ If Unemployed, or if you are a student, please list your source(s) of income:

- ❖ Do you live in a (mark one) House ____ Trailer ____ Apartment ____ Townhouse ____
 - Other (explain): _____
- ❖ Do you currently (mark one): Rent ____ Own ____ Live with Parents ____
 - Other (explain): _____

❖ **Exotic Animal Adoption Application:**

❖ Landlord / Property Manager's Name: _____

❖ Phone Number: _____

Please provide the following information for EACH person in your household, starting with yourself:

Name	Age	Sex	Relation to yourself

❖ Does anyone in your household have allergies to pet hair or dander? Yes ____ No ____

➤ If yes, please explain, and are they on medication? _____

About Your Pet

❖ Please list ALL pets in your household:

Name	Species (Iguana, Rabbit etc.)	Breed	Age	Spayed or Neutered	Kept Inside or Outside

❖ Please list any other FORMER pets that you have had in the last 5 years not listed above:

Name of Pet	Species (Iguana, Rabbit etc.)	Breed	Age	Spayed or Neutered	Kept Inside or Outside	Reason you no longer have this animal

- ❖ Who is your Family Veterinarian or Clinic Name: _____
 ➤ Vet. Or Clinic's Phone Number: _____
- ❖ Is your name listed as the Primary Owner of the listed pet(s) with the Vet or Clinic's office above? **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 the Adams County SPCA or any other animal shelter? **Yes** ____ **No** ____
 ➤ If you answered yes, do you still have the animal? If not, what is the reason and where is the animal now?

- ❖ Have you ever taken an animal to a shelter before? **Yes** ____ **No** ____
 ➤ If Yes, for what reason? _____

About This Pet

- ❖ Is this pet to be a (circle all that apply)... Family Pet ____ Child's pet ____ Gift ____
 Other (explain): _____
- ❖ 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 mark the options below that describe the primary area where the pet will be kept:
 Inside ____ Outside ____ Barn ____ Outdoor pen ____ Garage ____ Basement ____ Patio or Porch ____
 Other: _____
- ❖ Will your pet be allowed to run loose outside? **Yes** ____ **No** ____
- ❖ Will the pet odor be a problem? **Yes** ____ **No** ____
- ❖ Will shedding be a problem? **Yes** ____ **No** ____
- ❖ Are you financially able to afford the proper care for this pet; such as toys, bedding, veterinary care, food, etc.?
Yes ____ **No** ____
- ❖ **How much do you anticipate spending on this particular pet during the course of one calendar year?**
 \$ _____
- ❖ Why have you chosen this particular pet for adoption? Please be specific as possible.

- ❖ **Have you ever been cited or convicted of a Rabies Violation?** **YES** ____ **NO** ____
 ➤ **If yes, please explain:** _____
- ❖ **Have you ever been cited or convicted of a Dog Law Violation?** **YES** ____ **NO** ____
 ➤ **If yes, please explain:** _____
- ❖ **Have you ever been cited or convicted of a Humane Violation?** **YES** ____ **NO** ____
 ➤ **If yes, please explain:** _____

***The Adams County S.P.C.A. reserves the right to deny any adoption application for any reason.**

I/We understand that the Adams County Society for the Prevention of Cruelty to Animals is not able to give any guarantees on the health, training, or temperament of this animal and that the adoption fee(s) are not refundable under any circumstances. _____ (initial)

I/We understand and accept that authorized Adams County Society for the Prevention of Cruelty to Animals 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 Adams County Society for the Prevention of Cruelty to Animals reserves the right to refuse adoptions. _____ (initial)

I/We give permission for the Adams County Society for the Prevention of Cruelty to Animals and/or their agents to verify this information through any available means. _____ (initial)

Would you allow an authorized agent of the Adams County Society for the Prevention of Cruelty to Animals to inspect the animal(s) and premises where the animal will be kept? (Please circle)
Yes ____ No ____ _____ (initial)

I/We agree to have the animal to the veterinarian within 15 days for a health checkup, and vaccinations if necessary. _____ (initial)

I/We agree to have the animal Spayed/Neutered by a certified veterinarian within 30 days of adoption, or as specified on the adoption papers. _____ (initial)

I/We attest to not having a Rabies, Dog Law, or Humane Violation in the last 10 years placed on myself/us or anyone else at the residence. _____ (initial)

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

I/we attest to all the information above that it is true to the best of my knowledge, and by signing this application I give the ACSPCA the right to do the associated background checks necessary for adoption.

Print Name

Signature / Date

Secondary Print Name

Secondary Signature / Date

Note: If applicant for adoption is notified of approval of adoption; potential adopter has 24 hours in which to contact the ACSPCA to confirm or deny desire to adopt. After 24 hours without communication; the animal's adoption falls to the next person in line to adopt said animal.

If College Student – Student must own their home or are attending college part time and have a full time job.

ADAMS COUNTY SPCA USE ONLY:

Advised Background Checks Date Initials

1) If applicant is outside of Adams County (if more than one see reverse)

- i. Local Shelter Name: _____
- ii. Phone: _____ Contact Name: _____
- iii. Humane Complaint Check _____ _____
 - 1. Results: _____
- iv. Adoption History _____ _____
 - 1. Results: _____
- v. Additional Information: _____

2) ACSPCA Humane Complaint Check _____ _____

- i. Results: _____

3) ACSPCA Adoption History Check _____ _____

- i. Results: _____

4) Veterinarian Check (If Applicable) _____ _____

- i. Name of Practice: _____
- ii. Phone: _____ Contact Name: _____
- iii. Results: _____

5) Landlord Approval (If Applicable) _____ _____

- i. Landlords Name: _____
- ii. Phone: _____
- iii. Results: _____

6) Department of Agriculture _____ _____

- i. Results: _____

7) Dog to Dog Interaction (If Applicable) _____ _____

- i. Results: _____

8) Dog to Child Interaction (If Applicable) _____ _____

- i. Results: _____

9) Manager's Approval / Denial _____ _____

If Denied List Reasons / or Background Check Numbers: _____

(STAFF: BE SURE ALL INFORMATION LISTED GOES INTO THE COMPUTER SYSTEM)