



# SDHS ADOPTION REQUEST FORM

A majority of the animals rescued by the Society have suffered before coming into our possession. Therefore, the Society is obligated to interview and form an ongoing relationship with anyone adopting. The importance of that ongoing relationship is what necessitates that any adoption through the San Diego Herpetological Society is only to active members.

Before completing the information below, please read the care sheet for the type of animal you are seeking to adopt. You will be expected to provide that level of care and be solely responsible for all costs of future veterinary care. Any animals adopted from the Society may not be sold, traded, given away or returned to the wild. This is a lifelong commitment so be aware of the life expectancy of the animal you are adopting. You must contact the Society if you have any situation that arises in the future where you cannot give proper ongoing care to the animal.

We do not accept Adoption Forms from minors. If you submit this application, be prepared to give permission for any member or members of the Society Board to interview you, visit your home, and review the prospective habitat to determine its suitability to maintain the animal. By signing this Adoption Form you are agreeing to take full personal and financial responsibility for the care and well-being of the animal.

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

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

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**We ask the following questions not only for the safety of the animal, but to help you with your adoption:**

Have you already obtained/prepared a proper habitat for the animal you wish to adopt? Please describe:

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

What herps do you now own? \_\_\_\_\_

Do you own a dog or cat? \_\_\_\_\_ Do you have children? \_\_\_\_\_ Live in house or apartment? \_\_\_\_\_

Describe previous/current experiences you have in animal care: \_\_\_\_\_

\_\_\_\_\_

What species would you like to adopt? \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Some of our rescues need special handling or ongoing medical care.

Is that ok for you? \_\_\_\_\_ Comments? \_\_\_\_\_

**Please sign, indicating you have read this entire form and agree to its terms:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Form Recd: _____	Membership Verified By: _____	Prelim. Interview By: _____
Board Member Assigned: _____	Date Premises Chkd: _____	Habitat/Instruction OK'd: _____
<b>Placement:</b> Date _____	Species _____	Pet Name _____ M ___ F ___
<b>Adoption Completed By:</b> Board Member Signature _____	Date _____	