



HERPTILE ADOPTION CONTRACT

HERPTILE NAME: _____ NUMBER: _____
SPECIES: Turtle / Snake / Gecko / Iguana / Bearded Dragon / Other

BETWEEN: THE TORONTO HUMANE SOCIETY (the "Society")
- and -

Last name: _____ First name: _____

Address: _____ Apt. #: _____

City: _____ Postal code: _____

Home tel. #: _____ Business tel. #: _____

E-mail address (Required): _____

In order to keep you informed about important campaigns and to ask for support, we will from time to time telephone, email and send mail to you. If you would prefer not to receive phone calls, emails or mail please check this box

ABOUT YOU

1. Please check the appropriate age category: under 18 _____ 18-24 _____ 25-29 _____ 30-44 _____ 45-65 _____ over 65 _____
2. Do you live in a house _____ apartment _____ condo _____
3. Do you: Own _____ Rent _____ Live with Family _____
If you rent, is your landlord aware that you are getting a Herptile? Yes _____ No _____
4. In your household, number of: Adults (18+) _____ Children _____ Ages of children _____
5. Is everyone in your household aware you are adopting a Herptile? Yes _____ No _____
6. Are you employed? Yes _____ No _____
If yes, what is your occupation? _____
7. Are there currently pets in your home? Yes _____ No _____
8. If yes how many, what animals, ages and sex? _____
9. Are your animal(s) spayed or neutered? Yes _____ No _____
10. Who is your veterinarian? _____
11. Does anyone in your home or immediate family have animal allergies? Yes _____ No _____
If yes, to what species? _____

PAST EXPERIENCE

1. Have you ever owned a herptile before? Yes _____ No _____ If yes, how long ago? _____
2. What species did you own? _____
3. Were you the primary caregiver? Yes _____ No _____
4. How long did you own the herptile? _____
5. Where did the herptile live? Indoors _____ Outdoors _____ Both _____
6. Where is the herptile now? _____
7. Where did you get the herptile from? Pet store _____ Breeder _____ Shelter _____ THS _____
8. Have you ever surrendered or given away an animal? Yes _____ No _____
If yes, why? _____

HERPTILE QUESTIONS

1. Please describe your lifestyle. _____
2. How often should this herptile see a vet? _____
3. How long have you been thinking of getting a herptile? _____
4. What have you done to prepare for a herptile? _____
5. What will it cost to have this herptile annually? _____
6. Where in your home will this herptile be kept? _____
7. Do you currently have an enclosure? Yes _____ No _____ Type _____
8. If yes, what are the dimensions? _____

9. What is the best diet for this herptile? _____
10. Are you going to live-feed this herptile? Yes _____ No _____
11. What is the best substrate for this herptile? _____
12. What is the best water setup for this herptile? _____
13. What is the best heating setup for this herptile? _____
14. What is the best lighting setup for this herptile? _____
15. What is the reason you are adopting this herptile. _____
16. Are you going to let this herptile out of the enclosure? Yes _____ No _____
17. If yes, for how long? _____
18. Do you know how to introduce this herptile to the one you have at home? Yes _____ No _____
19. Are there any predators in your home? Yes _____ No _____
20. If yes, how will you ensure there will not be an accident? _____
21. What will you do when you go on holiday? _____
22. What do you consider a medical emergency needing immediate attention? _____

INSURANCE

Small Mammals do not qualify for a free trial of Pet Insurance. The Toronto Humane Society will treat all medical care at the shelter associated with your pet for the first 48 hours post adoption. Should the animal become ill within the first 48 hours please call the shelter 416-392-2273 to arrange an appointment. Appointments will be admitted between the hours of 4pm to 6pm.

NO WARRANTY

The Society makes no warranties as to the animal you have adopted and you are fully aware that all of the information about our animals is based on observation within the shelter environment and/or information provided by a third party. Therefore, we cannot guarantee that the breed, age, behaviour or health listed is correct and consequently the Society is not responsible for any ill health, any veterinary expenses or costs of medications or treatment or diagnosis that you may incur after the 48 hours post adoption.

Dated at Toronto this _____ day of _____, 2011

INITIAL SCREENING: _____ ID CHECK PROOF OF HOUSING:

ADOPTION COUNCELOR SIGNATURE: _____

SIGNATURE: _____ ADMINISTRATOR SIGNATURE: _____

Sample
 You must complete and
 fill out contract on site