



# EXOTICS

Staff Use Only:

Date  
Person #  
Animal #  
Counselor  
Media

Fax Number: (403) 723-6052

## SO YOU WANT TO ADOPT AN EXOTIC? ADOPTION APPLICATION TELL US ABOUT YOURSELF!

Name \_\_\_\_\_ Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_  
Address \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ E-mail \_\_\_\_\_  
Have you previously adopted from Calgary Humane Society? \_\_\_\_\_  
Are you a homeowner or renter? \_\_\_\_\_

### TELL US ABOUT YOUR FAMILY

List all people currently living in the home:

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

Does anyone in the home have allergies to animals? \_\_\_\_\_

### TELL US ABOUT YOUR PETS

List all pets living in the home:

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Spayed/Neutered (please circle)  
Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Spayed/Neutered (please circle)  
Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Spayed/Neutered (please circle)  
Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Spayed/Neutered (please circle)

I am interested in adopting: \_\_\_\_\_

My past experience with this species of animal is: \_\_\_\_\_

No experience with this species? Have you researched housing, feeding, care and cost? \_\_\_\_\_

### MORE INFORMATION

Please circle items you would like more information on:

- Environment setup    Nutritional information    Activity level    Grooming and nail trimming    Species characteristics
- Adjustment period    Handling    Yearly pet expenses    Cleaning    Introduction to resident pets

# EXOTIC LIFESTYLE SURVEY

Our goal is to match you and your family with the best pet for your lifestyle and the questions below will help us get started.

I am adopting this animal as a:

a friend for my current pet

a family companion

a companion for: \_\_\_\_\_

The primary caregiver of this animal will be: \_\_\_\_\_

Describe the animals living area (size, location): \_\_\_\_\_

\_\_\_\_\_

## HOLD POLICY

STAFF USE ONLY

Name: \_\_\_\_\_ Ref. Number: \_\_\_\_\_

I understand a complimentary hold will be placed if it is too late in the day to complete the adoption process. I understand that this hold on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. and will not be extended.

Adopter's Signature \_\_\_\_\_ Date \_\_\_\_\_