



Prince George's County
 Department of the Environment
ANIMAL SERVICES DIVISION
 3750 Brown Station Road, Upper Marlboro, Maryland 20772
 Phone: (301) 780-7200
 www.princegeorgespets4us.com



Spay/Neuter Saves Lives

ADOPTION APPLICATION FOR EXOTIC PETS

Animal Name and ID #: _____ Date: _____

Welcome to the Prince George's County Animal Services Facility & Adoption Center (ASF&AC). We're happy you chose our facility to adopt your new pet. It's our mission to unite the right pet with the right owner, so please complete this application to the best of your ability. Once you've finished, a staff member will review the application with you. While we carefully monitor our animals, we have limited knowledge of their backgrounds. Therefore, we cannot guarantee the health, behavior, temperament, age or breed of any animal adopted from ASF&AC. In addition, please understand that once an animal is adopted, the new owner assumes full financial responsibility for that pet including any healthcare and training.

I certify that the information provided is true and I understand that false information may result in the denial of this application.

Signature: _____

Name: _____ Best Contact Number: _____

E-mail Address: _____

Address: _____ City: _____

County: _____ State: _____ ZIP: _____

How long at this address? _____ If less than 2 years, please provide previous address.

Address: _____ City: _____

Type of Animal you are interested in (check boxes):

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Bird | <input type="checkbox"/> Rabbit |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Hamster/Gerbil |
| <input type="checkbox"/> Guinea Pig | <input type="checkbox"/> Reptile |
| <input type="checkbox"/> Other: _____ | |



To ensure that this adoption is in the best interest of both you and the animal you select, we ask that you answer the following questions completely and honestly.

List all the animals that have lived in your home for the past 5 years.

Breed of Animal	Name of Pet	Sex	Age	Spayed/Neu-tered or N/A	Years of ownership	Inddor or outdoor pet?	Still Owned? If No, What Happened?

1. Type and size of the enclosure this pet will be kept in? _____

2. Do you have experience owning this type of pet? Yes No

3. Do you have an exotic animal vet? Yes No

If yes, please provide clinic information: _____

4. Have you ever rehomed or turned a pet into the shelter? Yes No

If yes, state the reason: _____

5. Does anyone in your home have asthma or allergies? Yes No

Explain How will your family deal with allergies: _____

6. Is everyone in agreeance of adoption? Yes No

7. Indicate how many adults live in the household: _____

8. Children under 18? Yes No

If yes, indicate all ages: _____