



TORONTO HUMANE SOCIETY®
www.torontohumane.com

Herptile Adoption Questionnaire

Name: _____
 Address: _____ Apt. #: _____
 City: _____ Postal Code: _____
 Phone #: _____
 E-mail: _____

FOR OFFICE USE:
 P#: _____
 A#: _____
 Date: _____
 Time: _____

Why do I need to provide my personal information before meeting an animal?

We request that any potential adopters fill out initial information before meeting an animal, so that our staff can better serve you and your needs. This information will help us place animals in new homes, and we ask for your cooperation in the exciting process of bringing your new pet to you.

ABOUT YOU and YOUR HOME

1. Please select the appropriate age category:

- Under 18 18+ *Optional: Age* _____

2. What best describes your living environment?

- House Apartment/Condo

Do you: Own Rent

3. In your house, number of:

Adults(18+): _____ Children: _____ Ages: _____

4. Are there other pets in your household? Yes No

5. Do you know how to introduce your pets to a herptile?
 Yes No

6. Are there any allergy/asthma sufferers in your home?
 Yes No

7. Does anyone ever smoke inside your home? Yes No

PET CARE

8. Have you had herptiles before? Yes No

9. Were you the primary caregiver? Yes No

10. Is your home prepared for this herptile? Yes No

11. Are you aware of the life expectancy of this species?
 Yes No

12. Are you aware of the full grown size of this species?
 Yes No

13. Do you currently have an enclosure meeting our minimum size requirements?
 Yes No Unsure

14. What is the best diet for this species? (check all that apply)

- Frozen/defrosted mice/rats Calcium/Vit D supplements
 Species specific pellets Meal worms/earth worms etc
 Fruits/veggies Other: _____

15. Will you live feed this herptile? Yes No

16. What is the best bedding/substrate for this species?

- Sand Aspen shavings
 Paper towel Other: _____

17. How much time do you expect to spend actively socializing your herptile each day?

- 10-20min 30-45min 1hr 2-4hrs 4+hrs

18. What enrichment opportunities will you provide?

19. Do you intend to take your herptile to a vet?

- Yes No Only if sick

20. Do you currently have a herptile vet? Yes No

21. How much do you estimate it will cost to care for this animal each year? (incl. vet care, food, toys, supplies, etc.)

- Under \$100 \$100 - \$250 \$250 - \$500
 \$500 - \$1000 \$1000+

22. Are you financially prepared to care for this animal?

- Yes No Unsure

23. Are you interested in and prepared for a herptile with current behavioural challenges? Yes No

24. How would you address unwanted behaviour?

TELL US WHAT YOU'RE LOOKING FOR

- Sex: Male Female No preference
- Age: Baby Young adult Adult Senior No preference
- Size: Small Medium Large Extra Large No preference

Type/Species:

Personality:

IT IS VERY IMPORTANT FOR MY HERPTILE TO... (please check all that apply)

- Be friendly and outgoing Be low maintenance Be quiet
- Be friendly with children Enjoy being held/pet Be beautiful/unique
- Be inexpensive Other: _____

WITH MY NEW PET, I WOULD LIKE TO... (please check all that apply)

- Use for breeding Watch them in their cage Have them play with children
- Other: _____

HOW FAMILIAR ARE YOU WITH THE FOLLOWING IN THIS SPECIES?

	Not very familiar	I have heard about this	I have dealt with this	I have extensive experience with this	I would Like some more info
Fearfulness/anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting (UVA/B) requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/temperature requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humidity requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming/bathing requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introducing multiple animals of this species	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper handling techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 like to receive phone calls, emails or mail please check this box

Applicant signature: _____

Date: _____

Thank you for completing this questionnaire.

The information provided will help us to find the best matches to your interests.