

The Center for Avian and Exotic Medicine

Adopter's Information

Date: _____

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work number: _____

Other pets? Yes No If yes, what type (s) _____

Children? Yes No If yes, what age (s) _____

Adoptee Information

Desired Species: Avian Reptile/Amph Mammal Sex: F M No Preference

Desired Breed (s): _____

Why do you want this pet? _____

Are you aware of the husbandry requirements for this pet? If yes, explain _____

Conditions of Adoption

- After the adoption is completed, I will take full financial responsibility for any future veterinary costs that may be incurred during the lifetime of my pet. Examinations need to be done yearly or as frequently as needed.
- I will take this animal for veterinary care should it become ill or injured.
- If for any reason I cannot keep this animal, I agree to find it a home or return it to CAEM.
- I agree not to hold CAEM responsible, should this animal injure me or anyone handling it after this adoption is finalized.
- Adoption donation is non-refundable.

Signature: _____