Applicant Information			
Name:	DOB:		
Address:			
Telephone:	Email Address:		
Employer:			
Residence Information			
Do you RENT o	SE / APARTMENT / MOBILE / OTHER:		
	sponsible parties okay with this adoption? YES / NO		
General Information			
Who will be the primary caretaker of the pet? MYSELF / OTHER:			
•	ce with a pet? YES / NO		
Have you previously fostered a pet? YES / NO			
Have you ever surrendered a pet? YES / NO			
If yes - when & w	•		
Have you ever surrendered a pet to us? YES / NO If yes - when?			



Household Information

•	rets in the house? YES / NO se list breed and age:	
ii yes - piea -	se list breed and age.	
-		
-	•	
Animal Informatio	n	
` '	e you looking to adopt?	
	MAL REPTILE/AMPHIBIAN	
-	ience caring for this type of anim iin	
Why did you choos		
•	care sheet for this animal posted	on the Critter Corner Rescue website?
YES / NO		
Personal Reference	ces	
Please list 2 - 3 refe	erences who DO NOT live with ye	ou.
Namo:	Polationship:	Phono Number
		Phone Number: Phone Number:
Name:		
•		knowledge, is accurate and truthful. I
		not guarantee approval for foster. I agree s supplied by Critter Corner Rescue, as well
	_	elopments and pertinent information
regarding the anima		ciopmento ana peranent information
ga. ag a.o a		
Signature: _x		Date: