EXOTIC ANIMAL ADOPTIONS

Printed Name			
Cell Phone	Work#	Phone#	
Physical Address _ Street	City	State	Zip
Mailing Address Street	City	State	Zip
Name of Alternate Contact		Phone	
E-mail Address			
Animals Name _			
	* * <u>Please read and initial each</u>	of the following staten	nents * *
Payment We accept cast esoro station if you ne Don't Eat Us - tot be adopted as foo Refund Policy	sh, debit, credit cards or local cled cash for this transaction. All small animals adopted from	necks. There is an ATI the shelter (i.e. mice, are entitled to a refund	rats, rabbits) are pets and may If of the adoption fee.
	l paperwork will show what trea		•
abies vaccination. The	ne Requirement - The State of the re is a \$15 rabies vaccination for riodic boosters. Check with you	ee if your pet is not cur	rent at the time of adoption.
eriod. Allow your new	chniques - Please be aware the pet time to adjust to his/her new e many free educational pamph	w surroundings. Feel f	ree to contact us if you have
	nary Needs - The Animal Shelte f your pet becomes ill after leav		f veterinarian and we cannot your veterinarian for treatment
ignature	Date		

Written communications with public officials/borough employees generally are considered a public record and subject to disclosure (viewing and/or copying of the communication) pursuant to a public records request.