

Exotic Pet Adoption Application

Florida Fish and Wildlife Conservation Commission Exotic Pet Amnesty Program FWC c/o Everglades National Park 950 N. Krome Ave. 3rd Floor, Homestead, FL 33030

PART 1: APPLICANT INFORMATION

I am a **new applicant**I am an **approved adopter** and need to change my applicant information*

*Please enter your name and birth date in the Personal Information section, then enter the information that needs to be updated

Name			
Email address			
Mobile phone			
Secondary phone		Home	Work
Birth date//			
Mailing address			
City	State	Zip code	
County of residence			
What type of adopter* are you applyi *Private adopters (which can include public permanent home. Dealer adopters have the o adopt. Dealers get last choice at all Exotic Pe	exhibitors and educ option to sell, trade,	cators) intend to give or give away the an	e animals a

Do you have a Class III License for Public Sales or Exhibition? Yes* No If you are applying as a private adopter and you have a Class III license, then you must fill out and submit the Dealer Affidavit on page 5 of this application stating you will not sell, trade, or give away pets adopted through the Exotic Pet Amnesty Program.

Please provide details for all permits to possess wildlife that you have. Attach additional sheets as necessary.

Permit Type	Permit Number	Expiration Date
		I
Do you rent or own yo	our home? Rent	Own

If you r	ent, is your	landlord or rental	agent aware that you may have ex-	otic
pets?	Yes	No	Not applicable	

Are all adult household members aware this application is being completed? Yes

Not applicable

No

Please list the name, age, and relationship of each household member. Attach additional sheets as necessary.

Name	Age	Relationship to Applicant

Please provide details for all pets in your household. Attach additional sheets as necessary.

Species	Age	Time Owned	_	
Total number of pets in household:				
Total number of pets in nousehold.				
Do you currently have a veterinarian for	r your ex	otic pets?	Yes	No
Veterinarian's Name:				
Clinic Name:				
Clinic Address:				
City:				
Clinic Phone:				
Will you get a full veterinary exam for ea			Yes	No
Have you ever been convicted of a felony offense?* If yes, please explain:		Yes	No	

Have you ever Yes		victed of violating state or federal wildlife laws?* If yes, please explain:
Have you ever Yes	been conv No	victed of an animal cruelty offense?* If yes, please explain:
*Answering yes wil	l not necessa	rily disqualify your application.
animal informati and additional fo	on form. Yo rms can be f acceptance	I not be reviewed. Be sure to fill out and submit at least one u may submit as many animal information forms as you like, submitted in the future. If your application is approved, you will e. To adopt animals at an Amnesty Day Event, you MUST bring
	at my app	lication are correct to the best of my knowledge. I lication may be denied or revoked if I provide false n.
Signature:		Date:
Send printed f	orm to:	FWC Wildlife Impact Management Exotic Pet Amnesty Program FWC c/o Everglades National Park 950 N. Krome Ave. 3 rd Floor Homestead, FL 33030

Or send form electronically to $\underline{\text{PetAmnesty@MyFWC.com.}}$

Email questions to PetAmnesty@MyFWC.com.

DEALER AFFIDAVIT

Only required for applicants that have a Class III License for Exhibition or Public Sales and intend to permanently adopt animals for personal or educational use.

State of:	County of:	
		, who resides
adopt and will work with I understand that if I violate	rom the Florida Fish and ic Pet Amnesty Program in for personal possession esty Program if I am unal FWC staff to place said and this contract my status	Wildlife Conservation with the sole intention of n or public exhibit. I will ble to maintain the animals I nimals with other adopters. I
Signature:day of		
Witnessed by:		
Notary Signature		
Date of Notary Expiry:		