

GULF COAST TURTLE & TORTOISE SOCIETY

1227 Whitestone Lane, Houston, Texas 77073

www.gctts.org, info@gctts.org, 877-722-9997

TORTOISE ADOPTION APPLICATION

(Use back of page if additional space is needed)

Species, age & sex of tortoise(s) desired?

What is the intended diet and feeding frequency for this tortoise?

Will this tortoise be allowed to hibernate outdoors? Yes ___ No ___

What species and ages of tortoises and turtles have you owned before?

Where are these tortoises / turtles now?

If applicable, describe your current tortoise pens, dimensions, and inhabitants (quantities, sexes, etc.)

Please describe and give the dimensions of pen(s) for intended adoptee(s). If winter housing is different, it must also be described (photo of pen(s) required, including winter housing).

Is the pen securely surrounded by buried fencing? Yes ___ No ___

Type of fence: _____ Height of Fence:

Is the top of the fence treated to prevent escapes (if applicable for the species desired)? Yes ___ No ___

Will the tortoise(s) have secure hiding places? Yes ___ No ___

Describe hiding places:

Is the pen in a well drained area with both sunny and shady areas? Yes ___ No ___

Describe the water supply in the habitat:

Describe the sizes and numbers of plants in the pen, including grazing areas:

What species, sexes, and quantities of other turtles or tortoises will be housed with the adoptee(s)?

Do you have a swimming pool accessible to the tortoises? Yes ___ No ___

Will children be allowed to handle the tortoise(s)? Yes ___ No ___ If Yes, what are their ages :

Do you own a dog? Yes ___ No ___ If so what species and size?

Will your dogs have access to the tortoise habitat? Yes ___ No ___

Do you have a fenced yard? Yes ___ No ___

Will the tortoise(s) have free run of the yard? Yes ___ No ___

Are there wild predators (skunks, racoons, opossums) in your area? Yes ___ No ___
If yes, how will you protect this tortoise?

Will you seek veterinary care if this tortoise(s) becomes ill or injured? Yes ___ No ___
Will you return this tortoise(s) to GCTTS if you are unable or unwilling to properly care for it?
Yes ___ No ___ Will this tortoise be used for breeding? Yes ___ No ___
If yes what will be the disposition of the offspring?

Are you involved in any way in the commercial trade in tortoises, including the sale of captive born?

Yes ___ No ___ If yes, please describe that involvement:

Name (Please Print)

Street Address
City, State, Zip:

E-Mail:

Age (if under 18): ___ Telephones: Day _____ Evening _____

The tortoises adopted out by GCTTS are adopted "as is", sometimes with minimal evaluation.

GCTTS cannot guarantee the health of the animal(s). GCTTS will not be responsible for veterinary care or cost incurred by this animal after adoption. I understand the care of the animal is my responsibility. If I am longer able or willing to care for this tortoise, it will be returned to GCTTS. I further agree to surrender the tortoise(s) back to GCTTS should they be found housed or cared for in a manner inferior to that described on this application.

Signed:

Date:

GCTTS Information - Not to be Filled out by Applicant

Date Application Received _____ Current membership verified and accepted? _____

Adoption Status: Approved Yes ___ No ___

If declined, give reasons:

Description of Adoptee(s): Species, age(s) and sex(s) and ID(s)

Condition of tortoise(s) upon adoption, if available :

Special Needs (if any):

Approved By _____

Approval Date _____ Adoption Date