

GULF COAST TURTLE & TORTOISE SOCIETY
1227 Whitestone Lane, Houston, Texas 77073

<http://www.gctts.org> Email: info@gctts.org

877-722-9997

AQUATIC TURTLE ADOPTION APPLICATION

Description and dimensions of habitat for intended adoptee(s) [photo of pond with land or basking area required must be attached] _____

What species, sexes, and quantities will be housed with the adoptee(s)? _____

What is the depth of the pond? _____

Is the pond area securely surrounded by buried fencing or wood? Yes _____ No _____

Type & height of pen sides (wire or wood, etc.): _____

Is the height of the pen sides adequate to protect the turtles from dogs and small children? Yes _____ No _____

Does the top of the fence or wood sides have a lip to prevent escapes from climbing? Yes _____ No _____

Do you have a fenced yard? Yes _____ No _____

Will the turtles have free run of the yard? Yes _____ No _____

If so what type of flashing is in place to prevent escapes under the fence? _____

Is it buried? _____

Do the turtles have secure hiding places? Yes _____ No _____ Describe: _____

Describe the water supply in the habitat. _____

Will the pond be heavily shaded in the summer with sunny areas in the spring? Yes _____ No _____

Describe the basking areas and their access. _____

Will children be allowed to handle the turtle(s)? Yes _____ No _____

If yes, what are their ages? _____

Do you own a dog? Yes _____ No _____ If so, what breed and size? _____

Will your dogs have access to the turtle habitat? Yes _____ No _____

What is the intended diet and feeding frequency for this turtle(s)? _____

Will this turtle(s) be allowed to hibernate outdoors? Yes _____ No _____

Are there wild predators (skunks, raccoons, opossums) in your area? Yes _____ No _____ How will you protect this turtle? _____

Describe your current turtle pond(s) (if different than above) dimensions, and inhabitants (quantities, sexes, etc.). _____

Type of aquatic turtle(s) desired _____

Age and sex of turtle(s) desired _____

Have you ever owned an aquatic turtle? Yes _____ No _____

If so, what species and where are they now? _____

Will you seek veterinary care if this turtle(s) becomes ill or injured? Yes _____ No _____

Will you return this turtle to GCTTS if you are unable or unwilling to properly care for it? Yes _____ No _____

Do you intend to allow this turtle to breed now or in the future? Yes _____ No _____

If so, what will you do with the offspring? _____

What species will be breeding with this turtle? _____

Name (Please Print) _____

Street Address _____

City, State, Zip _____
Age (if under 18) _____ Telephone: Day _____ Evening _____

The aquatic turtles adopted out by GCTTS are determined to be healthy, unless otherwise noted, to the best of our ability. 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 turtle, it will be returned to GCTTS. I further agree to surrender the turtle(s) back to GCTTS should they be found housed or cared for in a manner other than originally disclosed.

Signed _____ Date _____

Please do not write below this line. For GCTTS board only.

Date Application Received _____ Current membership verified and accepted? Yes _____ No _____

Adoption Status: Approved Yes _____ No _____

If declined, give reasons:

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

Condition of turtle(s) upon adoption: _____

Special Needs (if any): _____

Approved By _____

Approval Date _____ Adoption Date _____