

GULF COAST TURTLE & TORTOISE SOCIETY

1227 Whitestone Lane, Houston, Texas 77073

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

BOX TURTLE ADOPTION APPLICATION

Description and dimensions of pen for intended adoptee(s) (photo of pen required)

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

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

Type of fence:

Is the height of the fence adequate to protect the turtles from dogs and small children? Yes ___ No ___

Is the top of the fence treated to prevent escapes? Yes ___ No ___

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

Do the turtles have secure hiding places? Yes ___ No ___

Describe

Describe the water supply in the habitat

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

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

Does the pen include mulched areas with plants? Yes ___ No ___

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 species and size?

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

Do you have a fenced yard? Yes ___ No ___

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

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

Are there wild predators (skunks, raccoons, opossums) in your area? How will you protect this turtle?

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Describe your current turtle pens, dimensions, and inhabitants (quantities, sexes, etc.)

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Type of box turtle(s) desired?

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Age and sex of turtle(s) desired

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Have you ever owned a turtle of this species? Yes ___ No ___
If so, where is this turtle 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 ___
Will this turtle be allowed to breed? Yes ___ No ___
If so what will be the disposition of the offspring?
Are you involved in any way in the commercial trade in turtles or tortoises, including the sale of captive born? Yes ___ No ___
If yes, please describe

Name (Please Print)
Street Address
City, State, Zip
Age (if under 18) _____ Telephone: Day _____ Evening _____

The box 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 _____

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:

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

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Condition of turtle(s) upon adoption:

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Special Needs (if any):

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Approved By _____

Approval Date _____ Adoption Date _____