SUGAR GLIDER ADOPTION APPLICATION

This application includes questions on how to care for pocket pets. Be sure to do lots of research on the species you are looking to adopt before you fill out this form. Please note that errors are often encountered when filling this form out from a cell phone or tablet. For best results, please fill out from a computer; Chrome browser recommended. Please allow at least three business days for a response to your application, MNPPR is a 100% volunteer-run rescue and your patience is appreciated. Please note, the distance from the foster to adopter's location is taken into consideration when approving Critter Courtships. For all other adoptions, we will only consider applicants from the following states: Minnesota, lowa, North Dakota, South Dakota, and Wisconsin. Please also note that we are not able to proceed with applications that are for classroom or store pets.

ndicates required question	
First things first - please read over our adoption process: http://www.mnpocketpetrescue.org	rg/process *
Mark only one oval.	
I've read the process and I understand.	
I've read the process and I need more explanation.	
Your name: *	
First and last.	
Your Personal Pronouns:	
We would like to provide a safe and inclusive space for all. Please let us know how to best address they/them; etc.)	you. (She/her; he/him
,,,	
Your address: *	
Street Address (ex: 1234 Frost Ave)	
Your City: *	
Your State & Zip Code: *	

Your	phone: *
Plea	se select your age range: *
If you	are under 18, we will require a legal guardian's email address so that they can be involved in the adoption proces
Mark	conly one oval.
) 13 - 18
	18+
Are	you a guardian adopting this pet for a child?
If ye	es, please list child's name, age and experience with animals as well as why you want to adopt this animal for the
Ol	JSING
\ \ /b	et tune of housing de vou live in 2 *
	at type of housing do you live in? *
Mai	rk only one oval.
	Apartment
	Single family home
	Condo
	Other:

Do you rent or own? *	
Mark only one oval.	
Rent	
Own	
Other:	
If renting, does your landlord allow pets?	
Mark only one oval.	
Yes.	
◯ No.	
Not sure.	
Other:	
Your landlord's info:	
Name (first and last), phone number, and email address. If you rent you MUST provide your landlord's information to you will not be approved to adopt.	us or
Some cities have restrictions on number and species of pets you can own. Do you know what your local la are regarding this?	ws *
Mark only one oval.	
Yes.	
No.	
Not sure.	
Other:	
Do you have anyone living with you who is not already listed as an applicant? *	
Check all that apply.	
Significant other	
Children	
Other femily	
Other family Roommate(s)	
Other family Roommate(s) None	
Roommate(s)	

If you marked that you have children, please provide their ages.
If you marked that you are living with other people, please provide their names, relationships, and email addresses.
Is everyone living with you in agreement that your household would like to add new pets to the home?*
Mark only one oval.
Yes.
No.
Other:
What temperature regulating systems do you have in your home? * Please check all that apply. Most pocket pets must be kept within certain temperatures in order to prevent death, illness and/or hibernation. Check all that apply. Heating system (you can regulate temperature) Heating system (you CANNOT regulate temperature) Central air (you can regulate temperature) Central air (you CANNOT regulate temperature) Window unit AC Fans Space heater
Other:
How much space are you able to dedicate to your new pets' habitat? *
OUR PETS
Have you adopted from us before? *
Mark only one oval.
Yes No

Check a	ll that apply.				
Do	gs				
Cat					
Poo	cket pets				
Rep	otiles				
Bird	ds				
No	pets				
Oth	er:				
Tell us	the names, ages, sex	and species/breed	ls of your current	pets:	
	nave cats, dogs, rabbit	ts or ferrets - are th	ley spayed/neutel	red?	
Mark o		ts or ferrets - are th	ey spayed/neute	red?	
Mark o	nly one oval.	ts or ferrets - are th	ey spayed/neute	red?	
Mark o	nly one oval. es. Io.	ts or ferrets - are th	ey spayed/neute	red?	
Mark o	nly one oval. es. lo. lot sure.			red?	
Mark o	nly one oval. Tes. Io. Iot sure. Iother:	ts or ferrets - are th		red?	
Mark o	nly one oval. Tes. Io. Iot sure. Iother:				
Mark o	nly one oval. Tes. Io. Iot sure. Other:				
Mark o	nly one oval. Tes. Io. Iot sure. Other: ave dogs, cats, rabbit				
Mark o	nly one oval. Tes. Io. Iot sure. Inther: In				
Mark o	nly one oval. Tes. Io. Iot sure. Inther: In				

24. Do you currently have any pets? *

	previous pets: *
Name, spec	cies/breed, ages, and where are they now.
Please provindicate so	clinic(s) do you take your pets to? * vide the information (clinic name and contact info) for your current vet. If you do not have a current vet, . We will be contacting your listed vet to confirm that your pets are up to date on wellness exams and value are listed under a different name at your vet clinic, please provide the name that your pets are listed un
Please provindicate so If your pets *Please not are not up to	vide the information (clinic name and contact info) for your current vet. If you do not have a current vet, . We will be contacting your listed vet to confirm that your pets are up to date on wellness exams and va
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What species are you looking to adopt? *
Mark only one oval.
Chinchilla
Degu
Ferret
Gerbil
Guinea Pig
Hamster
Hedgehog
Mouse
Rabbit
Rat
Sugar Glider
SUGAR GLIDER QUESTIONS
Please answer the following care questions regarding the care of the species you are applying to adopt. You can check out our care guides here. Incorrect answers will NOT disqualify you from adopting! These questions are about knowledge and learning so that animals in our rescue are given the best care possible! A member of our Adoption Team will review your answers and reach out to you with any feedback and to answer any questions you may have. All information shared by MN Pocket Pet Rescue is researched, up to date, and accurate to the best of our ability. We are not a licensed veterinary organization and do not intend to present ourselves as such. All educational material contains our best recommendations for care specific to each species. However, all animals are different and some may have unique needs. MN Pocket Pet Rescue does not assume any liability for the well-being of any animal not under our care. Always use your best judgment and follow veterinary recommendations whenever necessary. If you have any questions or find inaccurate information please contact us. Why do you want to adopt a sugar glider? *
Sugar gliders bond very strongly with their humans. Are you prepared to give your sugar gliders lots and lots *
of attention on a consistent basis?
Mark only one oval.
Yes.
No.
Not sure.
Other:

Check all that apply.
I currently own them.
I have owned them in the past.
I currently or have owned them in the past but only for a short period of time.
I have pet sat them before.
I know people who own sugar gliders and have interacted with the animals extensively.
I know people who own sugar gliders but have not interacted with the animals very much.
I have no experience with sugar gliders.
Other:
Sugar gliders are very social creatures who live in small groups in the wild. How do you plan to keep your new * sugar glider happy socially?
Mark only one oval.
I am adopting a bonded pair or group.
I plan to adopt another sugar glider elsewhere to bond with this one.
I already have at least one sugar glider who I plan to bond this one with.
I am adopting a sugar glider that prefers to be housed alone.
Other:
Describe with measurements in inches (length, width, depth, height). Indicate bar spacing in inches if applicable. If you know the brand/model of the cage, please indicate.
If you will be introducing this new sugar glider to be housed with others, do you have a temporary cage you can keep it in during the bonding process?
Mark only one oval.
Yes.
No.
No, I would like recommendations.
Other:
If you will be introducing this new sugar glider to be housed with others, how do you plan on doing so? *
What temperature range should sugar glider be kept at? *

What is your experience level with sugar gliders? *

How much time are you able to dedicate to letting your sugar glider(s) out of their cage each day for bonding, exercise and play?	*
Are you committed to cleaning your pets' cage at minimum once a week? *	
Mark only one oval.	
wark only one oval.	
Yes.	
No.	
Other:	
Please select the types of litter/bedding that are safe for sugar gliders: *	
Check all that apply.	
Shredded paper	
CareFresh	
Towels	
Fleece	
Paper pellets (unscented)	
Clay kitty litter	
Wheat kitty litter Cedar	
Pine	
Aspen	
Paper towels	
Other:	
other.	
Select all the supplies required for sugar glider care: * Check all that apply. Hides (igloo, box, etc) Hammocks Water bottle	
Wheel	
Food dish	
∐ Hay	
Levels	
☐ Chin-chiller (cooling stone slab) ☐ Dust bath	
Plastic tubes/tunnels	
Bonding pouch	
Foraging/enrichment toys	
Pet carrier	
Other:	

Describe the diet you will feed your sugar glider. *
What signs and symptoms should be watched for in sugar gliders to tell if they are ill or injured? * Please note that this is not a comprehensive list and there could be additional signs and symptoms that may be displayed.
Do sugar gliders require vaccines? * Mark only one oval.
Yes. No. Not sure. Other:
Sugar gliders live to be 12 - 15 years old. Are you prepared to care for your pets for their entire lifespan? * Mark only one oval.
Yes. No. Not sure. Other:
Since sugar gliders are communal animals and will be happiest when living with other sugar gliders, are you prepared to adopt another sugar glider when a cagemate passes away? Mark only one oval.
Yes No Other:

FINAL QUESTIONS

What do you plan to do if you develop an allergy to your new pet(s)? *	
What behaviors are you unwilling to work with? *	
Check all that apply.	
☐ Nipping/mouthiness	
Biting (hard)	
Excessive chewing	
Intolerance of being picked up	
Intolerance of being held	
Shyness	
Urine marking	
Not litter box trained	
Not getting along with other animals it is to be housed in the same cage with	
Not getting along with other animals in the home	
None	
Other:	
Mark only one oval. Yes. No. Not sure. Other:	
What circumstances would require you to return this pet? *	
What will you do with your new pet(s) if you go out of town? * Mark only one oval.	
·	
I have a friend or family member who is comfortable and willing to care for this specie	
I have a pet sitter that I use for my other pets who is comfortable caring for this specie	es.
I will need a recommendation for a pet sitter.	
Other:	

What vet do you plan to take your new pet(s) to? *
Clinic name and contact info. Be sure your vet sees this species! Please indicate if you need a recommendation.
Are you willing to provide your new pet(s) with all necessary vet care for the duration of its life? *
Do you agree to never house unaltered, opposite sex pocket pets together? *
Do you agree to return this pet to MN Pocket Pet Rescue if for any reason you are unable to keep it? *
How did you hear about us? *
Mark only one oval.
Facebook
Petfinder
Adopt A Pet
Instagram
Twitter
Our website (<u>www.mnpocketpetrescue.org</u>)
Other:

REFERENCES

	rence 1 * e (first and last), length of time known, relationship, email address, phone number.
	rence 2 * e (first and last), length of time known, relationship, email address, phone number.
	rence 3 * e (first and last), length of time known, relationship, email address, phone number.
Sl	JBMIT FORM
By ch hous delib is MI of yo	hoosing "I Agree" you are agreeing that MN Pocket Pet Rescue may contact your veterinarian, references, and semates to ascertain your history regarding pet care and consistency. This application does not guarantee approval. Any perate false statements provided during the application process will result in an automatic denial. Please note that email NPPR's primary method of contact. Failure to respond to emails in a timely manner (within 72 hours) will result in denial our application. Either the Adoption Manager (Cassidy) or the Adoption Correspondent (Jessica) will contact you within yes of your application submission.
245.	By selecting "I Agree" you hereby certify that the information provided by you in this application is true and correct. **Mark only one oval.**
	☐ I agree. ☐ I do not agree.

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