



**For Reptile Rescue of Wisconsin Office Use ONLY:**

Adoption Donation Fee Assessed: \$\_\_\_\_\_.00

**Adoption Application**

**Applicants must be 18 years of age**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date Available: \_\_\_\_\_

Adoption of: \_\_\_\_\_

**References**

*Please list three personal references including your current or proposed exotics veterinarian.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. I hereby certify that I am 18 years of age. I understand that by signing this application for adoption I am authorizing Reptile Rescue of Wisconsin to contact my references and veterinarian to verify my ability to care for the reptile or reptiles I am planning to adopt.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_