



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 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: _____

For Reptile Rescue of Wisconsin Office Use ONLY

Veterinarian Verified? YES NO
 NOTES: _____
***this only applies if reptile has ongoing medical needs by a reptile veterinarian**

Adoption Fee Assessed YES NO
 If yes, amount? \$ _____

Adoption Approved YES NO
 If no, why? _____

Staff Signature: _____ Date: _____