

Reptile Rescue of Wisconsin, Inc.

Reptile Adoption Application

Note: Upon approval of application A New Reptile Owner Agreement must be completed.

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Reptile(s): _____

Adoption Fee: \$ _____ .00 (Please note adoption donation fees are NON-REFUNDABLE)

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: _____

For Administrative Use ONLY:

Email: reptilerescueofwisconsin@gmail.com

Web: www.reptilerescueofwisconsin.com

PO Box 811 | Portage, Wisconsin 53901-0811

Phone: (608) 617-1258 or (715) 214-9154

IRS EIN: 85-1606943 | Wisc. CES: 008-103510635-02