

Eastern Wisconsin Herpetological Society & Rescue, Inc.

So that we may be assured that the animals you want to adopt will be best suited to you and your home and lifestyle and be placed in an environment that is compatible with its needs, we would like to provide us the following information.

PLEASE PRINT CLEARLY!

Today's Date: _____ Animal to be adopted: _____

Adopter's Name _____ M.I. _____

Date of Birth _____ Age: _____

Address: _____ Zip: _____

Do you live in the City _____ Town _____ or Village _____ of _____

Driver's License: _____ Photo I.D.: _____

Home Phone Number _____ Work Phone Number _____

Occupation/Employer: _____

Names of other adults living in your household (provide first & last names, and middle initial & Date of birth)

Number of Children living with you _____ Ages: _____

Do you Rent ___ or Own ___ : a House ___ condo/town home ___ mobile home ___ apartment ___

If you rent, landlord/complex name: _____ Phone: _____

Have you owned this type of animal before? Yes ___ No ___

Do you have an exotics veterinarian? Yes ___ No ___

Are you familiar with your local animal ordinances regarding:

Exotics Yes ___ No ___

Number of pets/household Yes ___ No ___

APPLICATION COMPLETION DOES NOT MEAN YOU ARE GUARANTEED ADOPTION APPROVAL!

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing the privilege of adopting a pet. I understand that I authorize investigation of all statements in this application, including any veterinary records.

Applicants' Signature: _____ Date: _____

Mail to: Eastern Wisconsin Herpetological Society & Rescue, Inc., P.O. Box 245, Plymouth, WI 53073