



Madison Area Herpetological Society

MAHS Adoption Application

Animal's Name: _____

Species of Animal Applying to Adopt: _____

Applicant Information

Name: _____ Age: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ MAHS Member #: _____

Rent or Own: _____ Number of Units in Building?: _____

Does your rental allow this animal in your lease? _____

Are there any state or local laws preventing you from keeping this animal?: _____

Care Information

Do you have a Reptile Veterinarian? _____

If Yes, Doctor and Clinic: _____

If No, We suggest: Dr. Michael Wenninger,
Spartan Animal Hospital
4811 Larson Beach Road
McFarland, WI 53558
(608) 838-6115



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Please Describe the Habitat this animal will be kept in, in detail (ie. Tank size, Lighting, Substrate, Décor, etc.) _____

Reptile Experience

Please fill out the chart below:

Past/Current Species	Years Owned	Acquired From	Current Location

How long have you kept Reptiles or Amphibians?: _____

Why do you want to adopt this animal? _____

Have you researched this species? _____

Is there anything else you'd like us to know when considering your adoption application? _____

Do we have your permission to follow up with you? _____

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If you are unable to keep this animal for any reason, it will be returned to the Madison Area Herpetological Society so they may find it a new home. If you are unable to return it, please contact Adoptions.MAHS@gmail.com to have them help find a local reputable reptile rescue.

**BY SIGNING BELOW, I ATTEST THAT ALL STATEMENTS MADE ARE TRUE
AND CORRECT, AND AGREE TO CONTACT MAHS IF I AM UNABLE TO
KEEP THIS ANIMAL FOR ANY REASON.**

Applicant Signature

Date

Internal Use Only

Application Accepted? (if no, why not?)

Adoption Fee Paid: YES / NO _____

Adoption Fee Amount: \$ _____

Date Rehomed: / / _____