



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: UW Veterinary Care/School of Veterinary Medicine
2015 Linden Dr.,
Madison WI 53706
<http://www.vetmed.wisc.edu/>

or: Dr. Jen Marsden, DVM , Spartan Animal Hospital
4811 Larson Beach Road
McFarland, WI 53558, (608) 838-6115 <http://www.spartananimalhospital.com>



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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?_____



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

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 Info@madisonherps.org 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.

Signature _____ **Date** _____

Release and Hold Harmless Agreement

In consideration of the services of the Madison Area Herpetological Society Inc., their employees, directors, agents, owners, officers, volunteers, participants, and all other persons or entities acting in capacity on their behalf (hereinafter collectively referred to as "MAHS"), and for other good and valuable consideration, I hereby agree to **release and discharge them from liability arising from negligence**, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that animal rescue operations entail known and unanticipated **risks** which could result in physical or emotional **injury**, paralysis, death to myself and other persons, and also to **property damage**. **Risks include, among other things: bites, scratches, torn skin, bruises, and damaged clothing or other property**. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity or as a result of contact with or adoption of an animal. My participation in this activity is purely voluntary, and I elect to participate in spite of the **risks**.
3. I hereby voluntarily **release**, forever **discharge**, and agree to indemnify and hold harmless _ from any and all **claims, demands, or causes of action** which are in any way connected with my participation in this activity, my use of their equipment or facilities, my adopting an animal, or my volunteering at this animal rescue operation, **arising from negligence**. This release does not apply to claims arising from gross negligence or intentional conduct. Should _ or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all **risks** that may be created, directly or indirectly, by any such condition.



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5. In the event that I file a lawsuit, I agree to do so solely in the state of Wisconsin, and I further agree that the substantive law of that state shall apply in this action without regard to the conflict of law rules of that state.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I agree that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence from which I have released them herein.

I have had sufficient time to read this entire document. I have read and understood it. I have had an opportunity to contact and consult with legal counsel prior to signing this agreement. **I agree to be bound by its terms.**

Signature _____ Print Name _____
Address _____ City _____ State _____ Zip _____
Telephone (____) _____ Date _____

Internal Use Only

Application Accepted? (if no, why not?)

Adoption Fee Paid: YES / NO

Adoption Fee Amount: \$

Date Rehomed: / /