Date:	-
Animal Name:	
Animal ID#:	

Staff Use Only

Adoption Information:

Driver's license verified (initial): \_\_\_\_\_



## **Adoption Form**

Society		
Adopter Information:		
First Name: La	ast Name:	
Date of Birth: Over 60 yrs? ☐ Yes ☐ No		
Address:		Apt/Unit #
City: S	state:	_ Zip:
Cell Phone: Home/Work Phone:		
Email:		
Emergency Contact (other than adopter): Name:		Phone:
Household:		
How many people live in your household? Adults:		-
Resident pets living at home? □ Dog(s) □ Cat(s) □ Oth		
Where will new pet live? ☐ Indoors ☐ Outdoors ☐ Both	Where will pe	t spend time alone?:
Adoption Add-Ons:	Going Home	e:
These items are available for purchase at the time of the adoption at a discount. Check all that apply.		a medical summary and basic history about the of the adoption. Check any other topics you would
☐ Engraved Pet ID Tag \$10	like to discuss i	n-person, or have this info emailed to you.
☐ Donation to Hope's Fund Donation Amount:		ning/litter box training
For animals requiring extensive medical care		ng my new pet to resident pets
Canine:	☐ Feeding in	
☐ Canine Heartworm Preventative (based on weight)  1 month: \$7 Adult Only: 6 month: \$25-35 1 year: \$50-70		ng a veterinarian
☐ Flea/Tick Prevention Adult - 3 month dose \$50		nded preventative medical care
☐ Canine Influenza Vaccine \$25/vaccine, series of 2	☐ Crate train	en socialization
☐ Leptospirosis Vaccine \$15/vaccine, series of 2	☐ Finding a	
☐ Canine DNA Test Kit (Wisdom Panel) \$80		nt/toys/games
Feline:		g problem scratching/declawing
☐ Flea/Tick Prevention Adult - 3 month dose \$50		questions?:
☐ Cardboard Pet Carrier \$6 per carrier	,	
☐ Feline Leukemia Vaccine \$20/vaccine, series of 2		
I acknowledge and understand that the Toledo Humane Soc medical care, at my expense, may be necessary. I also und behavior, perceived breed, or history can be guaranteed. I u Adopter Signature:	lerstand that no w	varranties regarding an animal's temperament,

Going Home Topics Discussed/Emailed: (initial): \_\_