

Date: \_\_\_\_\_

Animal Name: \_\_\_\_\_

Animal ID#: \_\_\_\_\_



## Adoption Form

### Adopter Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Over 60 years?  
☐ Yes ☐ No

Address: \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (other than adopter): Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Household:

How many people live in your household? Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Resident pets living at home? ☐ Dog(s) ☐ Cat(s) ☐ Other: \_\_\_\_\_

Where will new pet live? ☐ Indoors ☐ Outdoors ☐ Both Where will pet spend time alone?: \_\_\_\_\_

### Adoption Add-Ons:

These items are available for purchase at the time of the adoption at a discount. Check all that apply.

- ☐ Engraved Pet ID Tag \$10
- ☐ Donation to Hope's Fund Donation Amount: \_\_\_\_\_  
For animals requiring extensive medical care

Canine:

- ☐ Canine Heartworm Preventative (based on weight)  
1 month: \$7 Adult Only: 6 month: \$25-35 1 year: \$50-70

- ☐ Flea/Tick Prevention Adult - 3 month dose \$50

- ☐ Canine Influenza Vaccine \$25/vaccine, series of 2

Feline:

- ☐ Flea/Tick Prevention Adult - 3 month dose \$50

- ☐ Cardboard Pet Carrier \$7 per carrier

- ☐ Feline Leukemia Vaccine \$20/vaccine, series of 2

### Going Home:

You will receive a medical summary and basic history about the pet at the time of the adoption. Check any other topics you would like to discuss in-person, or have this info emailed to you.

- ☐ Housetraining/litter box training
- ☐ Introducing my new pet to resident pets
- ☐ Feeding info/diet
- ☐ Establishing a veterinarian
- ☐ Recommended preventative medical care
- ☐ Crate training
- ☐ Puppy/kitten socialization
- ☐ Finding a dog trainer
- ☐ Enrichment/toys/games
- ☐ Preventing problem scratching/declawing
- ☐ Any other questions?: \_\_\_\_\_

I acknowledge and understand that the Toledo Humane Society cannot guarantee the health of its animals and that additional medical care, at my expense, may be necessary. I also understand that no warranties regarding an animal's temperament, behavior, perceived breed, or history can be guaranteed. I understand that completing this form does not guarantee adoption.

**Adopter Signature:** \_\_\_\_\_

### Staff Use Only

Adoption Information: Driver's license verified (initial): \_\_\_\_\_ Going Home Topics Discussed/Emailed: (initial): \_\_\_\_\_