



Due to Pinellas County & SPCA TB Covid-19 policies, it is required that all guests visiting our facility wear a face mask for the duration of their visit. If you do not have one, one will be given to you. Refusal will result in us having to reschedule your appointment. Please answer the following two questions before filling out the Adoption Information portion of this paper.

- 1) Have you or anyone in your household been exposed to Covid-19?
  - a. YES
  - b. NO
- 2) Do you or anyone in your household have any of the following symptoms; coughing, sneezing, or fever?
  - a. YES
  - b. NO

## ADOPTION INFORMATION SHEET

SPCA Tampa Bay does not discriminate in regards to sex, race or gender. SPCA reserves the right to deny any adoption that may not be appropriate for the animal or potential adopter. Picture identification is required to adopt an animal. Bring ID and completed Adoption Information Sheet to the Adoption Desk. Appropriate carriers or lead and collar required at the time of adoption. Please allow up to 40 minutes to be called to sign paperwork, and note that we cut off adoptions 30 minutes prior to closing.

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

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_ Lot# \_\_\_\_\_

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

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

May we exchange this info with Hill's Science Diet for food to feed the animals in our shelter?  YES  NO

May we exchange this info with *Love My Dog* for continued support of our senior canines?  YES  NO

Are you aware of your current policies or contractual obligations in reference to bringing a new pet into your home?  YES  NO

Are there children in the house?  YES  NO if yes, please list ages: \_\_\_\_\_

Do you have other pets in the house?  YES  NO if yes, please list species: \_\_\_\_\_

Name of Veterinarian and/or Animal Hospital: \_\_\_\_\_

Emergency Contact Information: (other than yourself) this information is needed for your new pet's microchip.

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

Primary #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**The average cost to care for each animal helped by SPCA Tampa Bay is \$513.00. I would like to help with this by making a donation in addition to my adoption fee.**  \$50  \$30  \$20  \$15  \$10  OTHER

### OFFICE USE ONLY

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

SA Counselor/Introduction: \_\_\_\_\_ Comments: \_\_\_\_\_

Hold  YES  NO Exp. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Approved by \_\_\_\_\_

Dog Intro required  YES  NO Diamond Dog Report:  YES  NO Joy Team:  YES  NO

PCAS License #: \_\_\_\_\_

Comments: \_\_\_\_\_

Adoption Counselor (Contract): \_\_\_\_\_ Adoption Counselor (PetPoint): \_\_\_\_\_

Date: \_\_\_\_\_ Donation Receipt Issued by: \_\_\_\_\_