



# 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 and valid email address is required to adopt an animal. 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 / /	DATE OF BIRTH / /	DRIVER LICENSE NUMBER / STATE /
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FIRST NAME	MI	LAST NAME
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STREET ADDRESS	APT NO	LOT NO
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CITY	STATE	ZIP CODE
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HOME TELEPHONE ( )	CELLULAR TELEPHONE ( )	WORK TELEPHONE ( ) EXT.
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EMAIL
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MAY WE EXCHANGE THE ABOVE INFORMATION WITH HILL'S SCIENCE DIET FOR FOOD TO FEED THE ANIMALS IN OUR SHELTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU AWARE OF YOUR CURRENT POLICIES OR CONTRACTUAL OBLIGATIONS IN REFERENCE TO BRINGING A NEW PET INTO YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DO YOU HAVE OTHER PETS IN THE HOUSE? (IF YES, PLEASE LIST SPECIES) <input type="checkbox"/> YES <input type="checkbox"/> NO	SPECIES
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### EMERGENCY CONTACT INFORMATION THIS INFORMATION IS NEEDED FOR YOUR NEW PET'S MICROCHIP

FIRST NAME	LAST NAME
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PRIMARY TELEPHONE ( )	SECONDARY TELEPHONE ( )
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THE AVERAGE COST TO CARE FOR EACH ANIMAL HELPED BY SPCA TAMPA BAY IS \$513. I WOULD LIKE TO HELP WITH THIS BY MAKING A DONATION IN ADDITION TO MY ADOPTION FEE.	<input type="checkbox"/> \$50 <input type="checkbox"/> \$30 <input type="checkbox"/> \$20 <input type="checkbox"/> \$15 <input type="checkbox"/> \$10 <input type="checkbox"/> OTHER _____
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### OFFICE USE ONLY

ANIMAL NAME	ANIMAL NUMBER	ADOPTION FEE \$
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COMMENTS
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HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO	EXP DATE / TIME _____ / _____	APPROVED BY _____
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PCAS LICENSE NUMBER	TRANSFER LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	PHYSICAL TAG ISSUES? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMENTS
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ADOPTION COUNSELOR	DATE	DONATION RECEIPT ISSUED BY
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