Amarillo SPCA Individual Pet Adoption Form – page 1 of 2

Date: _____

Name of Adopter: _____

Please provide driver's license to shelter personnel. _____

Complete Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Place of Employment: _____

Work Phone: _____

Spouse's Name: _____

Do you own your home or rent? OWN RENT

If RENT: Name of Landlord _____

Phone # _____

Will you agree to a follow-up home visit by the Amarillo SPCA?

YES NO

DOG or CAT SPCA Tag #: _____

Microchip #: _____ _____

Pet's Name: _____

Breed: _____

Description: _____

Male or Female Age (DOB) _____

Sterilized: YES NO Date: _____

Rabies Tag #:_____

Date & Vet: _____

Next Rabies Due: _____

Other Immunizations
Received: _____

_____

_____

Next Immunizations Due: _____

Emergency Contacts (REQUIRED)

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Relationship: _____

Specific Instructions for this Pet

This animal is recommended to be an ONLY pet: YES NO

Other medical treatment recommendations: Heartworm Test & Heartworm Prevention Treatment/ Deworming

Have Spay/neuter stitches removed on _____ by _____

Other: _____