

**Assisi Animal Foundation
Adoption Agreement Form
P.O. Box 143, Crystal Lake, IL 60039
815-455-9411**

Application for (Name of Pet): _____ Adoption Date: _____

CAT _____ DOG _____ M/F _____ Age At Adoption _____

Description: _____

Female Spay Date: _____ Male Neutered Date: _____

Dog Adoption Includes:	Puppy Adoption Includes	Feline Adoption Includes
Vaccinations: Appropriate	Vaccinations: Appropriate	Vaccinations: Appropriate
Sterilization	Sterilization	Sterilization
Microchip	Microchip	Microchip
Monthly Heart Guard	Monthly Heart Guard (Age Appropriate)	Monthly Flea Treatment
Monthly Flea Treatment/Dewormer	Monthly Flea Treatment/Dewormer	Dewormer
New Parent Guide	New Parent Guide	New Parent Guide

Medical Information: _____

Next Shot Series Due: _____ Microchip #: _____

Shelter Notes: e.g background information, animal behavior and current diet: _____

Adoption Counselor: _____ Adoption Site: _____

