



Adoption Close File Form

Date: _____

Dog Information:

Name: _____

Breed: _____ Color: _____

Microchip Brand & Number: _____

THPR Tag Number: _____ Age: _____ Sex: Female Male

Adopter(s) Information:

Name: _____

Complete Address: _____

Home Phone: _____ Cell Phone: _____

Total Adoption Amount Paid: _____ Payment Method: Cash M.O. C.C.

Volunteer Information:

Name: _____

Email Address: _____

Regional Coordinator's Name: _____

Forms on file (check if present):

- Pre-Adoption Application Adoption Application Adoption Agreement
 Documentation of Payment