



## ADOPTION/CLOSE-OUT FORM

### DOG INFORMATION

Name of Dog:

SSMPR Tag Number:

Microchip Brand &  
Number (affix sticker):

Sex:            Color:            Age:

### ADOPTER'S INFORMATION

Name:

Address:

Phone  
Numbers:

Total  
Adoption  
Amount  
Paid \$

Amount sent with this form:

### VOLUNTEER INFORMATION

Foster's  
Name:

Email  
Address:

Date:

Please print and mail this form with check and original adoption contract to:

Dawn Cortez

SSMPR, Inc.

PO Box 9413

Bridge City, LA 70094



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