DOG ADOPTION/CLOSE-OUT FORM

<u>Note:</u> This form can only be filled in by an IMPS Volunteer. If you are not an IMPS Volunteer and you have picked up a dog, please call the IMPS Hotline at **1-877-Minpin1**, or contact an <u>IMPS Regional Coordinator</u> nearest to you.

DOG INFORMATION

Name of Dog:			
MPS Tag Number	:		
licrochip Brand &			
Number (affix stick			
Age:	Sex:	Color:	
DODTED	S INFORMA	TION	
IDOI IER	SINFORMA	TION	
Name:			
Address:			
hone Numbers:			
Cotal Adoption			
Amount Paid \$			
s this adoption on	a payment plan?		
Amount sent with t	this form:		
Amount and freque	ency of payments:		
OLUNTE!	ER INFORMA	ATION	
MPS Volunteer's n	name:		
Email address:			
Regional Coordinate	tors name:		

VOLUNTEERS, PLEASE PRINT AND MAIL THIS FORM WITH THE CHECK IMMEDIATELY FOLLOWING THE ADOPTION TO YOUR REGIONAL COORDINATOR OR OTHER DESIGNATED PERSON.

ALTERNATIVELY MAIL TO:

IMPS, Inc. P.O. Box 176 Pinellas Park, FL 33780