

**City of Elberton Animal Control
Animal Shelter Adoption Record**

Name: _____

Address: _____

Phone: _____

Animal ID# _____ Species: _____

Gender: _____ Age: _____

Date adopted: _____ S/N? _____

Date to be spayed or neutered _____
(30 days after adoption or 30 days after reaching the age of 7 months)

For Internal Use

Follow up calls: _____

Comments: _____
