

OFFICE USE ONLY

Date Received: _____

Amount Paid: _____

Check Number: _____



Adoption Fee Schedule

Fee Schedule:

\$400 0-1 year adoption

\$350 1 year and older adoption

Name: _____

Additional Family Members: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Signature: _____

Print Name: _____

Date: _____

Please send this completed adoption fee schedule along with your adoption contract to:

Rising Star Rottweiler Rescue - Membership Chairman
10201 Lantana Road
Lake Worth, FL. 33449

THANK YOU FOR ADOPTING!!!