

# Adoption Form

Name of Animal

Amount

_____	_____
_____	_____
_____	_____
<b>Total</b>	_____

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Email—Capron Park Zoo will not share your information with any other organization.*

\_\_\_\_\_

Name to Appear on Sponsor Board

Send info to:

Address above

Other Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Payment Method:**

Cash

Check

VISA

Master Card

\_\_\_\_\_

CC#

\_\_\_\_\_

Exp. Date

\_\_\_\_\_

Authorized Signature

**Send to:**

Capron Park Zoo  
Adopt an Animal  
201 County St  
Attleboro, MA 02703.