

MM/YY \_\_\_\_/\_\_\_\_

Initial \_\_\_\_

Donation Rcvd 

FUs \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only  
Packet sent \_\_\_\_**PRE-ADOPTION CONSULTATION FORM***Please complete and include this form with your referral materials.*

<b>NAME(S)</b>	
<b>MAILING ADDRESS</b>	
<b>DAYTIME PHONE</b>	
<b>EVENING PHONE</b>	
<b>OTHER PHONE</b>	
<b>E-MAIL (optional)</b>	
<b>AGENCY DEADLINE</b> (if applicable, or when you will travel abroad)	
<b>ENCLOSURES</b>  <i>*Consider emailing photos if you originally receive them in this format, to supplement the copies mailed with your referral packet.</i>	<input type="checkbox"/> Medical Information <input type="checkbox"/> Photos* <input type="checkbox"/> Video/CD (length ≈ ____ minutes) <input type="checkbox"/> Other _____
	<b>NOTE</b> Please call Kathy Fehily at 781-619-1516 to make your credit card payment for this service
<b>REQUEST RETURN OF MATERIALS</b>	<input type="checkbox"/> Yes, please return our original video. <input type="checkbox"/> No, the IAC may keep the video/cd materials sent.
<b>CONSIDER FOR FUTURE RESEARCH</b>	<input type="checkbox"/> Yes, I consent to being contacted for future projects <input type="checkbox"/> No, please do not initiate contact regarding research
<b>SPECIFIC CONCERNS</b>	Email addresses: <a href="mailto:ltirella@iccdpartners.org">ltirella@iccdpartners.org</a> and <a href="mailto:sbarnett@iccdpartner.org">sbarnett@iccdpartner.org</a>