



# City of Coquitlam Small Animal Adoption Application

**Coquitlam Animal Shelter**  
500 Mariner Way, Coquitlam, BC V3K 3B7  
Phone: 604.927.7387 (604.927.PETS) Fax: 604.927.7388  
Email: animalshelter@coquitlam.ca

**Instructions:** This PDF form can be filled in and printed. If more information is required than a field allows for, please attach additional pages when you print out the form.

## Important Information

Completing this application assists staff in finding the most suitable home for our animals. Therefore, our adoptions are not performed on a first come first serve basis. Our decision will be based on the best possible match for the pet and the family.

All applications submitted will be reviewed and replied to in approximately 24-48 hours.

**\*\*Incomplete applications will not be processed. We reserve the right to refuse this application.\*\***

Applications become the property of the City of Coquitlam upon submission.

Applicant's initials: \_\_\_\_\_

Date Application Completed: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Log Number: \_\_\_\_\_

## Personal Information

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Age:  0-17  18-25  25-45  45-65  65+

How many people live in your household?: \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, please give the name of employer: \_\_\_\_\_ How long you have been employed: \_\_\_\_\_

Do you have children in your home?  Yes  No

If yes, please specify ages: \_\_\_\_\_

Your home is:  Single family home  Duplex  Townhouse  Condominium/Apartment  
 Mobile home  Other: \_\_\_\_\_

Are you renting your home?  Yes  No

If yes, do you have the written consent of your landlord to have an animal in your home?  Yes  No

Please provide the name and phone number of your landlord: \_\_\_\_\_

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If you live in a Strata complex, do your Strata Bylaws regulate, limit or prohibit some animals?  Yes  No

If yes, please provide details and a copy of your Strata contract: \_\_\_\_\_

Are you planning on moving in the next 6 months?  Yes  No

For whom are you adopting this pet for?  Yourself  Gift  Other

If the animal is a gift, who is it for? \_\_\_\_\_

How much time and thought have you put into welcoming your new small animal? Why did you decide to add a small animal to your family?

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Are you aware that small animals often live for 10-15+ years and require a long-term commitment?  Yes  No

Have you researched the small animal you are applying for?  Yes  No

Where? \_\_\_\_\_

What did your research tell you? What are some important traits?

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How much do you estimate your expenses will be for your pets first year? (Excluding any major medical emergencies)

Food: \_\_\_\_\_ Medical: \_\_\_\_\_ Misc: \_\_\_\_\_

How much are you willing to spend in the case of emergency? \_\_\_\_\_

What special medical or other needs do you think this animal has? (e.g. nail clipping, tooth trimming)

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What do you feel are the most important responsibilities in owning a small animal as a pet?

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Who will be the primary care giver for your small animal? \_\_\_\_\_

What kind(s) of food do you plan to feed your small animal? \_\_\_\_\_

Have you researched the diet this small animal requires?  Yes  No

What size and type is the enclosure you plan to keep your small animal in?

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**Where do you plan to keep the cage for your small animal:**

When you are **at home**? \_\_\_\_\_

When you are **not at home**? \_\_\_\_\_

**At night?** \_\_\_\_\_

**How much time do you plan on spending with your small animal?** \_\_\_\_\_

**Who will care for your animal while you are on vacation?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are there any family members with allergies to pets?**  Yes  No

**If yes, please specify:** \_\_\_\_\_

**Have all the members of your family been introduced to the small animal?**  Yes  No

**Do you currently own any other pets?**  Yes  No

**If yes, please indicate the following:**

Type of pet	Age	Name	Spayed/Neutered
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Are all of your animals up to date on their vaccines?**  Yes  No

**If yes, when was their last vaccine?** \_\_\_\_\_

**If no, please explain why?** \_\_\_\_\_

**Do any of your animals have health problems?**  Yes  No

**If yes, please explain:** \_\_\_\_\_

**How many total years of animal ownership have you had? (not including childhood pets)** \_\_\_\_\_

**What animals have you owned in the past? (not including childhood pets)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What happened to them? Please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Have you ever surrendered a pet to a rescue organization or animal shelter/SPCA?  Yes  No

If yes, please explain:

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If you are unable to continue to provide care for this small animal, what will you do?

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Are you aware that small animals are easily injured and that small children could be scratched or bitten by a frightened pet?

Yes  No

Under what circumstances would you not keep this small animal?

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Please provide the name and phone number of your veterinarian, please note if the animals are under a different name than given.

May we contact them regarding the care that was provided for your pets?  Yes  No

Please provide name and phone number of two (2) personal references.

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you:

a) Adopted a pet from the Coquitlam Animal Shelter in the past?  Yes  No

b) Applied for a pet from the Coquitlam Animal Shelter in the past?  Yes  No

If yes, please note when and if possible what animal:

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**May a City employee come to your house to do a home-check:**

a) **Before the application has been approved?**    Yes    No

b) **After the animal has been adopted?**    Yes    No

**If your application is approved, please indicate when you would be able to take your new pet home?**

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**Thank you for taking the time to complete this adoption application.**

**All applications must be reviewed by two shelter attendants.**

A shelter attendant will contact you within approximately 24-48 hours.

When we place an animal in a new home, we would like to see it in that home for the rest of its natural life...

**A Forever Home!**

The personal information collected on this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act*. In accordance with Section 8(3)(k) and 48 of the *Community Charter* the City has authority to collect your information for the purposes of administering the City's Animal Adoption Program. Should you have any questions or concerns about the collection of your personal information please call Andrea McDonald, Manager Bylaw and Animal Control Services, at 604-927-7386.

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# City of Coquitlam Small Animal Adoption Application

Acknowledgement of Adoption Applicant

### Coquitlam Animal Shelter

500 Mariner Way, Coquitlam, BC V3K 3B7

Phone: 604.927.7387 (604.927.PETS) Fax: 604.927.7388

Email: animalshelter@coquitlam.ca

### Please Read and Initial

I wish to adopt an animal from the Coquitlam Animal Shelter. By signing this application I agree to the following:

- To provide the adopted animal with adequate food, water, shelter, exercise, veterinarian care as required for so long as I own the animal. **Initial** \_\_\_\_\_
- To provide a nurturing and loving environment. **Initial** \_\_\_\_\_
- To comply with my municipality’s Animal Control Bylaw (as amended or superseded from time to time), as it relates to my animal, including, without limitation, if my animal is a dog, obtaining an annual license, abiding by the “pooper scooper” laws, having my dog on leash and under control at all times unless permitted to be off leash in designated City areas and, if my animal is a cat, ensuring that it has proper identification (*i.e. a collar, tattoo or microchip*).  
**Initial** \_\_\_\_\_
- In the event I can no longer keep this pet, I will contact the Animal Shelter. **Initial** \_\_\_\_\_

I understand that the City cannot guarantee the behaviour or health of any animal that I choose to adopt. I understand that once I have adopted the animal I have 14 days in which to satisfy myself as to the animal’s health and temperament and, should I wish, to return the animal to the Shelter for a full refund of my adoption fees (dog license fees are non-refundable). The animal is my sole responsibility both during the 14 day guarantee period and after that period expires. I understand that in the event that, after the 14 day period has expired, I can no longer provide a home for the animal, I do have the option to bring the animal back to the Coquitlam Animal Shelter, although my adoption fee will not be refunded. **Initial** \_\_\_\_\_

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Dated at Coquitlam, B.C. on \_\_\_\_\_

Signature of Adoption Applicant: \_\_\_\_\_

**\*\*Incomplete applications will not be processed. We reserve the right to refuse this application.\*\***

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**For Office Use Only**

**Staff Comments/Questions:** \_\_\_\_\_

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**Application Approved:**       Yes     No      Staff Signature: \_\_\_\_\_

Yes     No      Staff Signature: \_\_\_\_\_

**Applicant Notified:**       Yes     No      Staff Signature: \_\_\_\_\_

**Date Animal to be adopted:** \_\_\_\_\_

**Staff Comments:** \_\_\_\_\_

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