



City of Coquitlam Bird 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: 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.

****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

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

Please provide the name and phone number of your landlord: _____

Do you live in a Strata Yes No If you live in a Strata please attach a copy of your Pet Policy

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

Is this pet a gift Yes No

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 able to spend in the case of emergency? _____

How will you provide daily exercise and entertainment for your bird?

What kind of food do you plan to feed your bird? _____

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

Where do you plan to keep the enclosure for your bird:

How much time do you plan on spending with your bird? _____

Who will care for your bird while you are on vacation?

Are there any family members with allergies to birds? Yes No

Have all the members of your family been introduced to the bird? 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 your pets seen by a vet regularly? Yes No

Have you owned birds in the past? (not including childhood pets)

What happened to them? Please explain:

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

If yes, please explain:

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

Under what circumstances would you not keep this bird?

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

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

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 Aaron Hilgerdenaar Bylaw Enforcement & Animal Services Manager, at 604-927-7386.



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Acknowledgement of Adoption Applicant

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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, and veterinary 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: _____

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For Office Use Only

Staff Comments/Questions: _____

Application Approved: Yes No Staff Signature: _____

Yes No Staff Signature: _____

Applicant Notified: Yes No Staff Signature: _____

Date Animal to be adopted: _____

Staff Comments: _____

