



# City of Coquitlam Cat Adoption Application

**Coquitlam Animal Shelter**  
500 Mariner Way, Coquitlam, BC V3K 3B7  
Phone: 604-927-7387 (604-927-PETS) Fax: 604-927-7388  
Email: adoption@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: \_\_\_\_\_

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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 time and thought have you put into welcoming your new cat? Why did you decide to add a cat to your family?

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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 able or willing to spend in the case of an emergency? \_\_\_\_\_

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

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

What brand of food do you plan to feed your cat? \_\_\_\_\_

Will your cat be:  Indoor Only  Outdoor Only  Indoor/Outdoor

Do you have a cat door?  Yes  No

Do you plan on having the cat declawed?  Yes  No

How much time do you plan on spending with your cat? \_\_\_\_\_

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

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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 cat?  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

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Are your pets seen by a vet regularly?  Yes  No

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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 cat, what will you do?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under what circumstances would you not keep this cat?

Moving  New Baby  Divorce  Allergies  Retiring  Aggression  Excessive Noise

High Veterinary Bills  Inappropriate urination  Other (describe) \_\_\_\_\_

If your cat had problems using the litter box, how would you handle it?

\_\_\_\_\_

\_\_\_\_\_

If your cat was scratching the furniture, how would you handle it?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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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 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 Aaron Hilgerdenaar, Bylaw Enforcement and Animal Services Manager at 604-927-7878.

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City of Coquitlam  
**Cat Adoption Application**  
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, 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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