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Email: info@bapsociety.com Website: www.bapsociety.com

Have you ever had to re-home or surrender a pet to a shelter?

Pet Adoption Request

Pet Requesting:	_ □ Cat	□ Dog	Date:	
Adopting a cat or dog may be a more involved process than you interested in. Everything we do is in the best interest of the anin finding a permanent home. It is important you understand two tall the process is the same for everyone. 2. It is not our intention to frustrate you. After completing this adoption application, there is a waiting per references/landlord approval, and review application. The Brooks Animal Protection Society reserves the right interest. It is stressful and upsetting for the animals, our staff, back to us. So bear with us, be patient and understand that this	nal in our care things: iod which allo to refuse an and you wher	e and is aimed ws us the nece y adoption we n adoptions do	at giving them the essary time to chec which it feels is no not work out and t	best possible chance of k your ot in the animal's best
In order to be considered for an adoption you must: 1. Be 18 years or older 2. Have a valid ID with current address				
Name: Home	Phone:		Work/Cell:	
Physical and/or Mailing Address:				
City: Province:		E-mail:		
How long at current address: □ House □ A Do you: □ Own □ Rent/Board Are you: □ Student □ Working □ Retired □ O				
Landlord's Name:	P	hone:	Alternat	e:
Household members: Adults				
Are all household members aware and consent to the a	doption?]Yes □No)	
Please describe in detail the personality and basic require	ements of the	e animal you	are looking for:	
Who will be responsible for feeding and training your pet?				
Is anyone in your house allergic to pets? \Box Yes \Box No)			
Why are you getting a pet? □Companion □for a C	Child □ I	Hunting	□Other	
Have you ever owned a pet? \Box Yes \Box No How ma	nny pets in th	ne last 5 year	s?	

□Yes □No

Plea	se list the animals o	currently in your home and tel	l us a little about th	neir personalities:	
1.	Name:	Breed:	Age:	_ Male/Female	Altered/Unaltered
	Personality:				
2.	Name:	Breed:	Age:	_ Male/Female	Altered/Unaltered
	Personality:				
3.	Name:	Breed:	Age:	_ Male/Female	Altered/Unaltered
4.		Breed:	_		Altered/Unaltered
	Personality:				
		ts you no longer have? ?			
Are/We	re your pet's vaccir	nations current? □Yes □No	o Are/Were	your pets license	ed? □Yes □No
•	•	expense of owning a pet? (ave s includes Veterinary Care, An	•	_	□Yes □No tc.)
Are you	ı willing to accept tl	he financial responsibility of ur	nexpected/required	medical expense	es? □Yes □No
Are you	prepared to allow	an adjustment period of at lea	ast one month?	□Yes □No	
If you h	nave other pets will	they adjust to a new one?		□Yes □No	
Are you	ı aware of the exist	ing licensing/pet bylaws in you	ur community?	□Yes □No	
What is	your current occup	oation?	Does it requ	ire extensive trav	/el? □Yes □No
		ring the day with your pet?		□Yes □No	
		ot during the day?			
	•	I the pet be alone? Wh	·	·	
Who wi	ll watch the pet wh	en you are away on vacation?			
How ac	tive do you want yo	our pet to be? ☐High en	ergy/Active	Medium energy	□Low energy
How m	uch grooming are y	ou prepared to do? □Very	ittle □Reasonab	le Demandin	g □Very High Maintenance
How wi	ll you handle behav	vior problems such as: chewing	g, climbing, scratch	ning furniture, exc	cessive barking?
If the a	nimal you chose to	adopt is unavailable or not th	e right fit for you c	or your family, are	e you open to suggestions
from Sh	nelter Staff for a dif	ferent pet? □Yes □No			

FOR DOG ADOPTEES ONLY Why have you shoom this particular dog?					
Why have you chosen this particular dog?					
Do you have a fully fenced yard? □Yes □No How tall is	s your fence?	_ What is your fence made of?			
Are there times when the dog will be tied up? □Yes	S □No				
Do you have a dog house? □Yes	s □No				
Where will the dog be when in a vehicle with you?					
Would you consider obedience classes for this dog? ☐Yes	s □No				
How much time a day will you spend exercising your dog?	Type of exe	ercise?			
FOR CAT ADOPTEES ONLY					
Why have you chosen this particular cat?					
Under what circumstance would you de-claw your cat?					
How will you keep your cat active?					
Do you plan to let your cat go outside? □Yes	□No				
Do you have screens on all your windows? □Yes	□No				
Please Provide 3 References (only one being a relative):					
Name:	Phone:	Alternate:			
Name:	Phone:	Alternate:			
Name:	Phone:	Alternate:			
In signing below, I certify that the information I have given is true and complete and that any misrepresentation of facts may result in losing the privilege of adopting a pet. I understand that Brooks Animal Protection Society has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I agree to provide the pet with adequate food, water, shelter, safety, affection and medical care. I understand that BAPS can phone or visit me to see how the pet is progressing. If for any reason this pet does not work out in my home, I agree not to release it to anyone, but will return it to BAPS. The adopter will receive a refund (minus a \$25.00 administration fee) if the pet is returned within 30 days. The personal information collected by The Brooks Animal Protection Society will not be disclosed to any other organizations or individuals unless authorized by law or by consent of the individual.					
Applicant's Signature	D	ate			