



**Bonnyville & District SPCA**  
**5601-54<sup>th</sup> Avenue**  
**Box 5444 Bonnyville, AB. T9N 2G5**  
**Phone 780-826-3230 Fax 780-826-2266**  
 bonnyvillespca2000@gmail.com www.bonnyvillespca.ca

## Adoption Application

**Date Of Application:** \_\_\_\_\_

**Date Adoption Finalized:** \_\_\_\_\_

\*\*\*\*\*

### THE ANIMAL YOU WISH TO ADOPT IS ?

**DOG      CAT      PUPPY      KITTEN**

**Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **ADOPTION FEE: \$** \_\_\_\_\_

**\*\*Do you understand that all of the information about our animals is based on observation within the shelter environment and/or information provided by a third party and therefore we cannot guarantee that the breed, age, behavior or health listed is correct? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Why did you pick this particular animal? (Check applicable)**

\_\_\_\_\_ Size \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Colour \_\_\_\_\_ Other

\*\*\*\*\*

**\*\*\* APPLICANTS DATE OF BIRTH:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Initial** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Physical & Mailing Address: (include postal code)**

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **\*\*Email:** \_\_\_\_\_

**\*\*Email address must be provided to receive pet health care insurance.**

**Emergency Contact – MUST HAVE for microchip purposes:**

**Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Step 1: Tell us about you....**

**Have you ever been charged or convicted of animal abuse or cruelty?**

**(The above question must be answered for the adoption process to proceed)**

1. Have you adopted from us before? **Yes No** If yes: **DOG CAT** When: \_\_\_\_\_  
❖ Do you still have the animal? **Yes No**- explain \_\_\_\_\_
2. Have you ever surrendered or given up an animal to the Bonnyville & District SPCA? **Yes No**  
If yes: How long ago? \_\_\_\_\_ and for what reason? \_\_\_\_\_
3. Are you 18 years of age or older? **Yes No**  
Do you have photo ID with proof of age? **Yes No**  
We require Two pieces of I.D.; at least one with photograph to complete your adoption. We will take a photocopy of the id you provide to us. **ID MUST BE PROVIDED – BRING IT WITH YOU.**
4. Type of Residence? House \_\_\_\_\_ Apartment \_\_\_\_\_ Townhouse \_\_\_\_\_ Acreage/Farm \_\_\_\_\_ Other \_\_\_\_\_
  - Do you own the above residence? **Yes No**
  - Do you rent the above residence? **Yes No**
  - Non-homeowners:**
  - Does the homeowner/landlord allow pets? **Yes No**
  - Contact number for the homeowner/landlord? Phone Number: \_\_\_\_\_
  - Permission letter from homeowner/landlord may be requested – be prepared – bring a permission letter in with you with details of residence location, landlord’s name and contact number. The SPCA will contact the homeowner/landlord.
5. Do you expect to move within the next 3 years? **Yes No**
6. Number of adults in household? \_\_\_\_\_ Children? \_\_\_\_\_ Ages of Children? \_\_\_\_\_
7. Are all the adults in the household in agreement on the adoption of the new pet? **Yes No**
8. Does anyone in the household have allergies to animals? **Yes No**
9. How many hours a day are you and your family regularly away from home? \_\_\_\_\_
10. Who will take care of your pet if you cannot? (Vacation/emergency/illness) \_\_\_\_\_
11. I am adopting this animal as: \_\_\_\_\_ Companion for self \_\_\_\_\_ Companion for family (spouse, children) \_\_\_\_\_ Companion for other pet \_\_\_\_\_ Working (herding, hunting, mousing, service, guard) \_\_\_\_\_ Other \_\_\_\_\_
12. How did you hear about the animal you have selected? \_\_\_\_\_ Website \_\_\_\_\_ Newspaper \_\_\_\_\_ Just came to browse \_\_\_\_\_ Facebook \_\_\_\_\_ Other – explain \_\_\_\_\_

\*\*\*\*\*

**Step 2 Your expectations for your pet...**

1. How much money are you willing to spend on your pet in one year? ( Vet, Food, Supplies etc.)  
\_\_\_\_\_ under \$ 100.00 \_\_\_\_\_ \$100.00 - \$300.00 \_\_\_\_\_ \$300.00 - \$600.00 \_\_\_\_\_ + 600.00
2. How often do pets regularly require vaccinations/routine examinations? \_\_\_\_\_
3. How often do you expect to visit a veterinarian each year? \_\_\_\_\_
4. Do you have a regular veterinarian? **Yes No** If YES – Who? \_\_\_\_\_
5. What behavioral issues are you NOT willing to work on? (Check applicable) \_\_\_\_\_ Excessive Vocalization \_\_\_\_\_ Jumping on Counters \_\_\_\_\_ Aggression towards strangers \_\_\_\_\_ Separation Anxiety \_\_\_\_\_ Litter Box Training \_\_\_\_\_ Aggression toward other animals \_\_\_\_\_ Property Damage \_\_\_\_\_ Mouthing \_\_\_\_\_ Aggression towards you \_\_\_\_\_ None, I am willing to work with ALL behavior issues.
6. Under which of the following circumstances would you return this animal? (Check applicable)  
\_\_\_\_\_ Moving \_\_\_\_\_ New baby \_\_\_\_\_ Divorce/Separation \_\_\_\_\_ New Relationship \_\_\_\_\_ Allergies \_\_\_\_\_ Vacation \_\_\_\_\_ Retiring \_\_\_\_\_ Aggression \_\_\_\_\_ Behavioral Issues \_\_\_\_\_ New pet \_\_\_\_\_ High cost of pet care \_\_\_\_\_ None – will keep newly adopted pet

**Step 3 Tell us about your pet history...**

1. What type of pets have you owned before? \_\_\_\_\_
2. What happened to these animals you no longer have? (Check All Applicable)  
 \_\_\_ Passed away due to illness \_\_\_ Passed away due to old age \_\_\_ Passed away due to injury  
 \_\_\_ Ran away \_\_\_ Gave away to family \_\_\_ Gave away to friends  
 \_\_\_ Gave away to other \_\_\_ Sold animal \_\_\_ Surrendered to SPCA
3. Current # of animals in household: \_\_\_\_\_ # of dogs \_\_\_\_\_ # of cats: \_\_\_\_\_ # of other pets:
4. Please list current pets: **Circle All That Apply Below:**

Type/Breed	Age	Sex	Spayed Neutered	Current on Vaccines **	Length Owned
_____	_____	Female Male	Y N	Y N	_____
_____	_____	Female Male	Y N	Y N	_____
_____	_____	Female Male	Y N	Y N	_____
_____	_____	Female Male	Y N	Y N	_____

Do your pets have current town or m.d. pet licenses? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**\*\*We may request proof of current pet vaccine records.\*\***

\*\*\*\*\*

**Cat and Kitten Adoption) Please check off as many answers as applicable.**

1. No current cats? How long ago did you live with a cat? \_\_\_\_\_
2. How do you plan to prevent your cat from scratching the furniture and people?  
\_\_\_\_\_
3. Are you and your family prepared to have cat hair in the house? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
4. Are you and your family prepared for the responsibility of kitty litter duty? **Yes** \_\_\_ **No** \_\_\_
5. Will your cat be inside, outside or both? \_\_\_\_\_  
If the cat is a strictly outside cat, what shelter will be provided? (Please explain in detail)  
\_\_\_\_\_  
\_\_\_\_\_

I WOULD LIKE MY CAT TO:	VERY IMPORTANT	QUITE IMPORTANT	NOT IMPORTANT
Be friendly with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with other cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being groomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being petted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be playful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never wake me up at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never show aggressive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have all the members of the household spent time with the cat here at the shelter? \_\_\_ **Yes** \_\_\_ **No**

**If no – explain WHY ?**

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

**Dog and Puppy Adoption)** Please check off as many answers as applicable.

1. What size of dog would you like? \_\_ Very Small \_\_ Small \_\_ Medium \_\_ Large \_\_ Extra Large
2. Where will the dog stay during the day: \_\_ Dog run in yard \_\_ Chained in yard \_\_ Barn/ Garage  
\_\_ Fenced yard \_\_ Loose on farm/acreage \_\_ Loose in home \_\_ Room in house \_\_ Crate/kennel in house \_\_ Always with owner \_\_ Other
3. Where will the dog stay during the night: \_\_ Dog run in yard \_\_ Chained in yard \_\_ Barn/ Garage  
\_\_ Fenced yard \_\_ Loose on farm/acreage \_\_ Loose in home \_\_ Room in house \_\_ Crate/kennel in house \_\_ Always with owner \_\_ Other
4. I plan to provide exercise by: \_\_\_\_ Loose in yard \_\_\_\_ Daily Walks on leash \_\_\_\_ Jogging/ biking  
\_\_\_\_ Other \_\_\_\_\_
5. Are there specific activities you would like your dog to participate in (eg. Jogging, hiking)?  
\_\_\_\_\_
6. Do you have experience in houstraining? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

I WOULD LIKE MY DOG TO:	VERY IMPORTANT	QUITE IMPORTANT	NOT IMPORTANT
Be friendly with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with other dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being groomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being petted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be playful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never wake me up at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never show aggressive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SOME DOGS WILL REQUIRE TRAINING</b>	<b>YES</b>	<b>NO</b>	<b>NOT SURE</b>
I need a dog already trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am first time dog owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have obedience trained before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am an experienced dog owner and can handle a difficult dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have all the members of the household spent time with the dog here at the shelter? \_\_\_ **Yes** \_\_\_ **No**  
**If no – explain WHY ?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If I am successful in the adoption of a dog or cat from The Bonnyville & District S.P.C.A I herein promise and agree to the following conditions:

1. To keep this dog/cat in my personal possession, provide proper and sufficient food, water, shelter, grooming and humane treatment at all times.
2. If this animal is not surgically sterilized at the time of adoption, I agree to have this cat/dog spayed or neutered using the spay/neuter certificate given at the time of adoption. I will not intentionally breed the animal before it is altered and I will do everything possible to prevent accidental breeding.  
\*\* This is a legal binding contract between the Bonnyville & District SPCA and myself (the adopter). This shall result in forfeiture to the Bonnyville & District SPCA of any or all monies deposited or paid, and also forfeiture to the Bonnyville & District SPCA of the animal described and its offspring, if such there be. If the Bonnyville & District SPCA is forced to take legal action in response to breach of this contract, I acknowledge that I shall be responsible for the Bonnyville & District SPCA's legal expense, if such there were. I am of legal age and have read and agree to the above.
3. To procure veterinary care at once if this dog/cat becomes sick or injured and to keep current all vaccinations.
4. To provide this dog/cat with an ID tag secured to a collar, which will be worn at all times. And to keep your current information updated with your pets microchip identification agency.
5. To obey any and all animal control regulations governing the area in which I live and to license this dog/cat according to such regulations within a week of adoption
6. Not to sell, trade, transfer ownership, abandon or dispose of this animal in any way, but to notify the Bonnyville SPCA if I must relinquish this dog/cat. This includes release to family members.
7. To allow the SPCA representative to examine the dog/cat and its living conditions and to surrender it to said representative for return to the SPCA if the conditions are found to be unsatisfactory.
8. To assume full responsibility for this dog/cats actions, and for any damage done by this dog/cat.
9. To keep this dog/cat as my household pet and companion. To ensure that when outside and unattended, this dog/cat is in a secure fenced yard or kennel run with adequate shelter from the elements.

**\*\*RETURN/REFUND POLICY\*\***

1. Refunds if approved are subject to a \$50.00 handling & processing fee per animal.
2. Any costs incurred for the animal, including medical exams, diagnostic work, medications, vaccines, dental, grooming, etc. are the sole responsibility of the adopter regardless of the cause.
3. If the animal is diagnosed with a fatal illness or dies due to medical concerns or a pre-existing condition, an exchange will be considered. The adopter must provide to The Bonnyville & District SPCA a signed statement on veterinarian letterhead stating that the animal has died or is suffering from a fatal illness and is not expected to recover. Any cost incurred to provide care to the animal will be at the adopter's expense. The adopter will have the option to surrender the animal back to The Bonnyville & District SPCA for treatment or euthanasia.
4. In the event of a substantial medical problem documented by your veterinarian at the COMPLIMENTARY MEDICAL EXAM(provided within 10 days of adoption) you are eligible to immediately return the animal to the shelter and will be eligible to apply for an exchange or refund. Must be within 10 days.
5. If the animal is lost, stolen or killed, no exchange or refund will be granted.

6. If you are returning the animal due to any disagreements between landlord/homeowner/spousal or if you have had the animal longer than 10 days, you will not be eligible for an exchange or refund, and you will be required to pay the regular surrender fees.
7. Application for an exchange must be made within 10 days of returning the animal. After 10 days, no exchange will be granted. An exchange may or may not be given the same day that an animal is returned. For non-medical concerns, exchanges are at the discretion of the Bonnyville and District SPCA and will only be considered for behavioral concerns following a reasonable adjustment period.

**\*\* The Bonnyville & District SPCA is not responsible for the cost of any further vaccinations or any medical costs once you have adopted your new pet \*\***

**\*\*\* I have read and understand the information provided regarding Kennel Cough/Upper Respiratory Virus on the following pages. Should my newly adopted dog/cat show any of these symptoms, I agree to seek veterinarian attention IMMEDIATELY and incur all costs? \*\*\***

**I HEREBY DECLARE THAT I AM OF LEGAL AGE AND HAVE READ AND AGREE TO COMPLY WITH ALL OF THE ABOVE**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Providing false or incomplete information will/may result in application denial.**  
We reserve the right to refuse any adoption application.

OFFICE USE ONLY:

Placement Accepted: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Adoption fee: \_\_\_\_\_

Adoption Counselor: \_\_\_\_\_ Adoption Date: \_\_\_\_\_

Spay/Neuter Certificate Given \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Microchip Sticker#**

**Any Additional Information: - Have adopter initial this area .**

---



---



---



---

**Express Consent To Disclose**

**Your Personal Information:**

**No, I would not like to receive email, other electronic communications, and/or mail with information and special offers from Hill's Pet Nutrition Canada Inc. and its family of brands about my adoption.**

**Yes, I would like to receive email, other electronic communications, and/or mail with information and special offers from Hill's Pet Nutrition Canada Inc. and its family of brands about my adoption. (you can unsubscribe at any time.)**

**Hill's Pet Nutrition Canada Inc. –**

**P.O. Box 699, Streetsville, Ontario L5M 2C2 HillsPet.ca.**

**Name:**

\_\_\_\_\_  
(please print)

**Email address:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_