



# City of Coquitlam Pet Surrender Form

## Bylaw Enforcement and Animal Services

500 Mariner Way, Coquitlam, BC V3K 3B7

Phone: [604-927-7387](tel:604-927-7387) Email: [animalshelter@coquitlam.ca](mailto:animalshelter@coquitlam.ca)

**Important Information:** Please read and initial

Please note that we can only accept surrender requests from residents of Coquitlam, Port Coquitlam and Port Moody. Port Coquitlam and Port Moody requests are forwarded to their respective city representative for review.

Submitting a request does not ensure acceptance. To ensure the best chance for your pet, please complete the surrender form thoroughly with as much detail as possible.

Approval for surrenders depends on shelter capacity and a medical and behavioral evaluation.

Initial: \_\_\_\_\_ Date Received: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

### Animal Information

Animal Type: ☐ Dog ☐ Cat ☐ Rabbit ☐ Other \_\_\_\_\_

Pet Name: \_\_\_\_\_

Male ☐ Female ☐ Is the animal spayed or neutered? Yes ☐ No ☐ Unknown ☐

Breed: \_\_\_\_\_ Colour: \_\_\_\_\_ Age: \_\_\_\_\_

Tattoo and/or Micro-chip Number: \_\_\_\_\_

Vet Clinic: \_\_\_\_\_

**Pet Photo** – please attach a recent photo to this application or email.

### Please answer the following questions

How long have you owned this pet? \_\_\_\_\_

Where did you get this pet? \_\_\_\_\_

Why you are surrendering this pet? \_\_\_\_\_

When do you need to surrender this pet? \_\_\_\_\_

**If you are surrendering because of financial hardship there are programs that could help you keep your pet that we can put you in touch with. The Shelter also has a Pet Food pantry that can provide food.**

## Health and Temperament

Please provide some information about the behaviour and temperament of this pet (nervous, friendly, excitable etc):

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Has this pet ever shown aggression or bitten a person or another animal? Yes ☐ No ☐

If yes please explain:

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Have you worked with a trainer or behaviour professional? Yes ☐ No ☐

If yes where:

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Has your pet lived with:

Children ☐ Age: \_\_\_\_\_ Cats ☐ Dogs ☐ Other ☐ List other: \_\_\_\_\_

Does your pet have any health issues, currently or in the past? If yes please explain:

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Is your pet currently on any medication? Yes ☐ No ☐ If yes please list them:

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Please provide the name and contact info for your veterinarian

Veterinarian/Animal Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

We encourage you to explore alternative options for rehoming your pet, such as using social media, Petfinder, or connecting with local rescue groups.

If you obtained your pet from a breeder, we kindly request that you reach out to them initially, as responsible breeders typically accept back any animals they've sold. Additionally, consider contacting local breed clubs for information on rescue options.

For those who've adopted their pets from a rescue group or a local shelter, we recommend getting in touch with them first. They may have the capacity to assist or provide guidance. While they might have a waitlist, they should be your initial point of contact.

We regret to inform you that our surrender list is expected to grow, and unfortunately, we cannot provide an estimate of when we'll have available space.

I, (OWNER NAME) \_\_\_\_\_, hereby willingly relinquish all ownership of the animal,  
(ANIMAL NAME " \_\_\_\_\_ " described in this form to the City of Coquitlam Animal Shelter and  
release the City of Coquitlam from any further claims of ownership, compensation or access to information.

I agree to pay all fees required of me to surrender my animal to the City of Coquitlam Animal Shelter including, but not limited to:

- \$112.97 + GST surrender fee for cats and dogs
- \$22.59 + GST surrender fee for small animals (rabbits, rats, guinea pigs, etc.)

**To be determined:**

☐ Cost for spay/neuter: \_\_\_\_\_ Staff: \_\_\_\_\_

☐ Veterinary consultation fee: \_\_\_\_\_ Staff: \_\_\_\_\_

☐ Other: \_\_\_\_\_ Staff: \_\_\_\_\_

**Please Sign and Date In The Presence Of City Of Coquitlam Animal Shelter Staff**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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 Shelter. Should you have any questions or concerns about the collection of your personal information please call Aaron Hilgerdenaar, Manager Bylaw Enforcement and Animal Services at 604-927-7387.

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