

# Adoptsecure Enrollment Application Form

**Petsecure**  
CANADA'S PET INSURANCE

## Shelter Address

Shelter name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Address: \_\_\_\_\_ Mailing address: (if different) \_\_\_\_\_  
City: \_\_\_\_\_ Business Email: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ Website address: \_\_\_\_\_

## Shelter Contacts

Primary shelter contact name: \_\_\_\_\_ E-mail: (e-mail addresses are kept confidential) \_\_\_\_\_  
Contact's position: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
Secondary contact name: \_\_\_\_\_ E-mail: (e-mail addresses are kept confidential) \_\_\_\_\_  
Contact's position: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

## Shelter Information

Please indicate the following information regarding the operation of your Shelter

# of dogs adopted monthly: \_\_\_\_\_ # of cats adopted monthly: \_\_\_\_\_ # of foster homes: \_\_\_\_\_ # of staff and volunteers: \_\_\_\_\_ # of adoption rooms: \_\_\_\_\_  
Do you provide MICROCHIP ID prior to adoption?  Yes  No Tattoo only:  Yes  No Other: \_\_\_\_\_  
If "yes", please provide the following: Manufacturer: \_\_\_\_\_ Registered with: \_\_\_\_\_  
Cost per unit: \_\_\_\_\_ Number of Microchips implanted annually: \_\_\_\_\_

Veterinary exam while in the care of the shelter?  Yes  Vet. Exam coupon  AHT Examined  No  
Canadian veterinary clinic where exams are provided: \_\_\_\_\_  
Are individual physical exam records documented?  Yes  No  
Spay or Neuter:  Prior to adoption  Discount coupon  Required  Not Required  
What is the best way to contact you?  Phone  E-mail  Other: \_\_\_\_\_  
What is the best time to contact you? \_\_\_\_\_ What are your hours of operation? \_\_\_\_\_  
Do you have satellite adoption sites?  Yes  No If "yes", please provide a list of all locations: \_\_\_\_\_  
Do you list available pets on the internet?  Yes  No Which site(s) do you currently use? \_\_\_\_\_  
If you have a website, please indicate which one you would like: \_\_\_\_\_  
 Banner link to Petsecure website  Petsecure logo linked to our website  Pet health insurance information text insert  
How did you hear about us?  A Petsecure employee  Veterinarian  Internet  Word of mouth/friend  Client  Advertisement/ mailing  Another shelter  
Other: \_\_\_\_\_  
Is your shelter:  C.F.H.S. Member  S.P.C.A. Member  Animal Control Other: \_\_\_\_\_

## Donation Payment Method

For every trial that is activated, and for every trial converted to a policy, Petsecure will make a donation to your shelter. Direct deposit payments are made quarterly for donation amounts of \$5.00 or more. Cheque payments are made quarterly for donation amounts of \$125.00 or more. All other donation amounts will be paid on an annual basis.

## Authorization

Please indicate Shelter Signing Authority and Date

Signing shelter contact: \_\_\_\_\_ Date: \_\_\_\_\_

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## For internal use only

Date application received: \_\_\_\_\_ Account number: \_\_\_\_\_

Contact Petsecure 1-800-268-1169  
or visit [www.petsecure.com](http://www.petsecure.com)



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