

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: _____