



THE CITY OF WINNIPEG

PetSecure Activation #:

Community Services Department

Animal Services – Special Operating Agency 1057 Logan Avenue, Winnipeg, MB R3E 3N8 Winnipeg.ca/animalservices

	•		CONTRACT	Dog License #:		
Name:		_ Street Addres	s:			
City/Town:		Postal Code:				
Home Phone: ()	Cell Phone:	()	Work Phone: ()		
Email Address:	Occupation:					
Reference (Not a relative): Name:		Te	Telephone: () (Residence)			
and The City of Winnipeg, throug	th its Animal Ser	vices Agency (herei	nafter referred to as: "th	e Agency")		
regarding Receipt Number	Name	Breed	Colour	Est. age Sex_		

In consideration for the right to adopt the dog identified above, I, the above-identified proposed adoptor, do hereby:

- certify that I am at least 18 years of age and that the above-noted information is true;
- authorize the verification of any and all statements made herein by me, and the disclosure of any and all information contained herein for any and all purposes;
- acknowledge that the Agency reserves the right to deny my proposal to adopt this dog;
- covenant and agree with the Agency that the adopted dog, upon its delivery into my adoption, shall be kept in my possession. under such controls as are prescribed in the prevailing by-laws of my community, and shall be treated humanely at all times, including the provision of any necessary veterinary care and medication and the daily provision of sufficient food, water, and adequate shelter, at my own expense;
- agree that, by accepting the dog when it is delivered to me, I acknowledge that the said dog is in good health except as otherwise advised by the Agency. I further agree that, after the dog is delivered to me, the Agency has no obligation to exchange the dog, to refund to me the adoption fees, or to pay the costs of medical treatment unless the Agency specifically agrees to do so in writing at the time of delivery;
- acknowledge that the Agency has advised me to quarantine the said dog from any contact with any other animals for seven days after I take delivery of it as a precaution to safeguard the health of the adopted dog and that of other animals;
- agree and undertake that, as soon as is practicable, but not later than six months from the date of my adoption of this dog, I shall deliver it or have it delivered to a veterinarian licensed to practice in the Province of Manitoba to undergo, as applicable, castration ("neutering") or ovariohysterectomy ("spaying");
- warrant that the adopted animal has never been owned by me nor anyone related to me:
- acknowledge that my failure to comply with the above stipulations shall result in the adopted animal's being seized by the appropriate peace officer(s); and
- agree that neither the Agency, nor its employees, volunteers, servants or agents shall be held liable with respect to any damage, injury or sickness that may occur and may be attributable, directly or indirectly, to my having adopted the said dog, regardless of any evident, apparent or suspected negligence on the part of the Agency, its employees, volunteers, servants or agents.

Are you interested in receiving information on special events, exciting updates, and ways to help our Agency? Yes

We will be activating your Pet Insurance for your new pet. Do you authorize us to give your contact information to PetSecure Pet Insurance for the purpose of registering your new dog's 6 week free trial pet insurance? Yes No

In witness whereof I have signed my nan	ne hereto:	Date: _	
(The following portion s	hall be completed by the Agency C	hief Operating Officer or his/her delega	ite) — — — — —
This proposal is: Approved \Box / \Box	Denied \square (if denied, state reason, c	ontinuing on reverse if necessary):	
	Date:	Time:	am/pm
(Signature of Chief Operating Officer or Delegate)			