



Regional District of  
**Kitimat-Stikine**  
 Suite 300 – 4545 Lazelle Ave  
 Terrace, BC V8G 4E1

**Thornhill Animal Shelter**  
 3856 Desjardins  
 250-638-1565

## Adoption Agreement

I \_\_\_\_\_ of \_\_\_\_\_ ,  
Full Name Civic Address and Mailing Address

\_\_\_\_\_ wish to purchase a pet from the Regional District of Kitimat-Stikine,  
Phone Number(s)

Described as follows:

Name of Pet: \_\_\_\_\_ Breed: \_\_\_\_\_

Description/Markings: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

License No (if applicable): \_\_\_\_\_

**In order to purchase the pet from the Regional District of Kitimat-Stikine, I agree to the following:**

I will pay the Regional District the amount of \$135.00 for a dog, and \$100.00 for a cat (plus applicable taxes).

If the pet has not been spayed or neutered, I agree to pay an additional deposit amount of \$50.00. I understand the additional deposit amount is refundable to me once I provide the Regional District proof of spaying or neutering the pet.

If I do not have the pet spayed or neutered within 12 months of adoption, I agree to surrender the pet to the Regional District employees, contractors or agents. I further agree to allow such employee, contractor, or agent of the Regional District to enter upon any land or premises under my control to recover the animal.

**I acknowledge that:**

The pet is a living creature that requires appropriate care; including food, shelter, training, and social contact.

I agree to abide by all applicable Dog Control Bylaws, Animal Control Bylaws, and other legislation including the BCSPCA Prevention of Cruelty to Animals Act, the Community Charter, the Local Government Act, and the Criminal Code.

***The Regional District is supplying the pet as a public service and does not make any representations or guarantees regarding the pet; including breed, ancestry, temperament, physical condition, health, or previous training or treatment prior to arriving at the shelter.***

***If the pet has not been spayed or neutered at the time of adoption, a Spay/Neuter Initiative Program (SNIP) Certificate will be provided by the Regional District, in the form of a \$200.00 reimbursement supplied once proof of spay or neuter of the pet has been provided to the Regional District.***

***I agree to release and save harmless the Regional District of Kitimat-Stikine from any liability that may arise as a result of any action of the pet. I assume all risk arising from the ownership of the pet after the date of acquisition.***

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ Signed: \_\_\_\_\_  
Name of person adopting animal

**Regional District of Kitimat-Stikine:**

Per: \_\_\_\_\_ Vaccinated: \_\_\_\_\_ Worming: \_\_\_\_\_

Or Authorized Agent for the Regional District: \_\_\_\_\_ Flea Tx: \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ SNIP#: \_\_\_\_\_ Deposit: \_\_\_\_\_ Receipt: \_\_\_\_\_

\*Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose for which it was collected. If you have any questions about the collection and use of this information, please contact the Regional District of Kitimat-Stikine at (250) 615-6100.