



Langley Animal Protection Society

EMERGENCY TRAPPING REQUEST

Upon completion of this form, a LAPS employee will contact you with additional questions if needed

| Part A: APPLICANT INFO | | | |
|---|----------|--|---------------|
| First Name | | Last Name | |
| Street Address | | | Postal Code |
| City | | Province | Date of Birth |
| Phone #1 | Phone #2 | Email Address | |
| Do you rent, own or work at this property? | | | |
| Rent <input type="checkbox"/> Own <input type="checkbox"/> | | Work? Full time <input type="checkbox"/> Part time <input type="checkbox"/> N/A <input type="checkbox"/> | |
| Is the property owner aware of your request for help with trapping? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| Property owner's name and phone number if applicable: | | | |

| Part B: CAT INFO |
|--|
| How many cats do you need assistance to trap? |
| When is the last time you saw your cat(s)? |
| Please describe your cat(s) in detail. |
| Is your cat friendly/social with people? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please note: we are not currently accepting feral cats at the shelter |
| Do you require Emergency Boarding for your cat after trapping? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you require financial assistance with veterinary care if it is required for your cat(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Part C: AGREEMENT |
|---|
| LAPS will coordinate with you and schedule arrival on your property and notify you ahead of time. LAPS hope is always to recover your cat(s); however, if LAPS determines the cat is not in that area then LAPS will conclude the file trapping file. |
| Emergency trapping will only commence when public health or government authorities approve. |

| Part D: SIGNATURES | |
|---|-------------------|
| I warrant and confirm that the information given in this request form is true and correct. I understand that this application is being used to authorize LAPS Emergency Trapping. | |
| I understand that the Langley Animal Protection Society reserves the right to refuse any applicant for any reason. | |
| Applicant's Signature | Date – DD/MM/YYYY |

LANGLEY ANIMAL PROTECTION SOCIETY
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