Muller

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof of residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): MRS CLARISE GRIESEL

HOME ADDRESS: KLEINE PARYS ESTATE 2, HOUSE 69

PAARL ID NO.: 8902080154080

POSTAL ADDRESS: _____

TEL NO (H): _____ (B): _____

CELL NO: 0817399959 FAX NO: _____

E-MAIL: clarise.naude@gmail.com

Address where animal will be kept: SAME AS ABOVE

Reason for wanting an animal: FRIEND FOR DUCHUND

Occupation: MEDICAL REPRESENTATIVE DIABETES

Do you own or rent your property: RENT Do you have consent from owner / Body Corporate? YES

Are you a student with consent to keep pets? YES/NO

Reason for wanting an animal: _____

Is the animal for yourself? ~~YES~~/NO

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/~~NO~~
What breed of dog or cat are you interested in? _____

Can you afford private veterinary fees? YES Who is your vet? DIE ARK

How many animals live on your property DOGS 1 CATS _____ OTHER _____

What are the sexes of your animals? DOGS: Male ✓ Female _____ CATS : Male _____ Female _____

Are all your animals sterilised? Give details YES

How many dogs and cats have you owned over the past 3 years? DOGS 2 CATS _____ OTHER _____

Which animals do you still have, and what happened to the others? 1 DIED OF OLD AGE

Is your property fenced and has a proper gate? YES Will you chain/cage an animal? NO

Full description of the fencing and gate: HIGH WALLS Height: 1.8 M

What shelter is provided : OUTDOORS _____ KENNEL ✓ OTHER _____

Have you previously had pets from an SPCA? NO Are there children under the 10 years in your household? YES

Pre Home Inspection Fee: - Receipt No.: -

Declaration: The above information is true and correct
I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT Griesel **Date of application** 26/10/2024