



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): Jan-Hendrik

HOME ADDRESS: 62 Bainsvallei Estate
Wellington ID NO.: 9110025035088

POSTAL ADDRESS: Same as above

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

CELL NO: 076 223 9067 FAX NO: _____

E-MAIL: janhendrikmyburgh@gmail.com

Address where animal will be kept: Same as above

Reason for wanting an animal: Friend for our kid

Occupation: Sales Executive

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

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? WAHG

How many animals live on your property DOGS 0 CATS 1 OTHER 0

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 0 CATS 1 OTHER 0

Which animals do you still have, and what happened to the others? 1

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

Full description of the fencing and gate: Wooden gate 1.5m high Height: 1.5

What shelter is provided: OUTDOORS doghouse KENNEL _____ OTHER Bed in house

Have you previously had pets from an SPCA? Yes 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

[Signature]

Date of application 29/06/2024