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): D. Smit

HOME ADDRESS: Gables. Wellington (Crows Nest)

ID NO.:

POSTAL ADDRESS:

TEL NO (H): 072 041 3617 (B):

CELL NO: FAX NO:

E-MAIL: epkyk1@gmail.com

Address where animal will be kept: Same as above.

Reason for wanting an animal: Companionship.

Occupation: Retired.

Do you own or rent your property: Own. 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? WHAG.

How many animals live on your property DOGS 2 CATS 0 OTHER —

What are the sexes of your animals? DOGS: Male 1 Female 1 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 0 OTHER —

Which animals do you still have, and what happened to the others? 2 Dogs.

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

Full description of the fencing and gate: Palisade. Height: 2m.

What shelter is provided : OUTDOORS KENNEL OTHER Indoors.

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

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 **Date of application** 12.07.24