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): Ms M Pienaar

HOME ADDRESS: 14 Lombaard Str, Wellington 7654

ID NO.: 9710290016 2054

POSTAL ADDRESS: 14 Lombaard st Wellington

TEL NO (H): — (B): —

CELL NO: 074 699 2018 FAX NO: —

E-MAIL: bmcapienaar123@gmail.com

Address where animal will be kept: Lombaard str 14 Wellington

Reason for wanting an animal: _____

Occupation: Admin clerk

Do you own or rent your property: own Do you have consent from owner / Body Corporate? No necessary

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? Wellington Vet

How many animals live on your property DOGS 2 CATS _____ 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 _____ CATS 3 OTHER _____

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

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

Full description of the fencing and gate: _____ Height: _____

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER Indoor

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** 27/07/2024