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): REINHARD SWANEPOEL

HOME ADDRESS: #17, 5de Avenue, nuwe uitsig Wellington. ID NO.: 8912055102089

POSTAL ADDRESS: same as above

TEL NO (H): (B):

CELL NO: 082 778 0231 FAX NO:

E-MAIL: reinhard@isipani.co.za

Address where animal will be kept: same as above

Reason for wanting an animal: love cats

Occupation: Site Manager

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

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

Reason for wanting an animal: Love cats.

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?

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

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

Are all your animals sterilised? Give details N/A

How many dogs and cats have you owned over the past 3 years? DOGS 0 CATS 0 OTHER

Which animals do you still have, and what happened to the others? 0

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

Full description of the fencing and gate: PALISIDE Height: 1,6 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?

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** 06/01/2025

Astrid

Cleo