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): Mev Ilze Kilian.

HOME ADDRESS: 9 Black Prince Straat Wellington, 7655.

ID NO.: 8007300206080

POSTAL ADDRESS: selfde.

TEL NO (H): (B):

CELL NO: 084 6034688 FAX NO:

E-MAIL: ilzekilian@gmail.com.

Address where animal will be kept: selfde

Reason for wanting an animal: Companion

Occupation: Office

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

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? ja. Who is your vet? WAG.

How many animals live on your property DOGS CATS OTHER Fish, bird.

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

Are all your animals sterilised? Give details nal.

How many dogs and cats have you owned over the past 3 years? DOGS 0 CATS 1 OTHER

Which animals do you still have, and what happened to the others? Fish, bird.

Is your property fenced and has a proper gate? ja Will you chain/cage an animal? nee

Full description of the fencing and gate: reg rondom huis Height: kop hoogte.

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? 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** 24 Jan 25