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): Nicolene Immelman

HOME ADDRESS: Fleur de Lys Plaas No. 91 Hermanpad Wellington ID NO.: 8109020240082

POSTAL ADDRESS: Posbus 79 Fleur de Lys Wellington 7654

TEL NO (H): 072 951 2898 (B): 072 951 2898

CELL NO: 072 951 2898 FAX NO:

E-MAIL: nicoleneimmelman@gmail.com

Address where animal will be kept: Fleur de Lys Plaas

Reason for wanting an animal: Om saam met my ander Border Collie te hê wees wat sy maatjie vorentoe het weens kanker

Occupation: Eienaar van Hemelrester Wintel

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

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

Reason for wanting an animal: Ons het n border collie wat n maatjie nodig het

Is the animal for yourself? YES/NO

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffies/Cat Flu/Biliary YES/NO

What breed of dog or cat are you interested in? Died cancer

Can you afford private veterinary fees? Yes Who is your vet? Wellington Animal Hospital

How many animals live on your property DOGS 4 CATS 4 OTHER

What are the sexes of your animals? DOGS: Male 2 Female 2 CATS : Male 2 Female 2 Almal reggemaak

Are all your animals sterilised? Give details Yes!

How many dogs and cats have you owned over the past 3 years? DOGS 6 CATS OTHER

Which animals do you still have, and what happened to the others? Other 16jr oud gewees - ouderdom dood 8jr kanker

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

Full description of the fencing and gate Om huis en sacred but on farm Height: 1,5 m veilig te hou gedurende nag

What shelter is provided : OUTDOORS KENNEL OTHER And inside house

Have you previously had pets from an SPCA? No Are there children under the 10 years in your household? Yes 18 21

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 30/1/25

30 January 2025 07:58

One of the Global One money management products or services

Proof of Account Details

CAPITEC

Capitec Bank

30/01/2025
Branch: 470010
Device:

SkyQR

Validate this document using SkyQR

To Whom it May Concern

We hereby confirm that Mrs Nicolene Immelman has the following account(s) at Capitec Bank Limited on 30/01/2025

Client Details

Name:	Nicolene Immelman
ID/Passport Number:	8109020240082
Residential Address:	Fleur De Lys, Hermon Pad 99, Wellington, Wellington, 7655
Postal Address:	Fleur De Lys, Posbus 79, Wellington, 7655

Account Details

Account Status:	Active
Account Type:	Savings
Account Number:	1689636422
Branch Code:	470010
Date Opened:	2020-01-23

The account details provided herein should not be read as extending by implication to any other matters not specifically addressed. The account details are given as at the above date and no obligation is hereby assumed to update the account details on any future date.

Capitec Bank Limited shall have no liability whether in contract, delict (including without limitation negligence) or otherwise to the above accountholder or any third party in relation to the account details contained herein.

"Queenie"

NSPCA Operations Manual 2020

Section 4-2A: Form A

ADMISSION, ASSESSMENT AND HISTORY RECORD 0000031

DBV SPCA

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 07/01/25			Time in	16h40	Date for release	7/1/2025

IDENTIFICATION & LOST AND FOUND				Lost & Found checked		Yes / No	Lost & Found Date checked
Microchip / Collar or ID tag found		Yes / No	Date scanned or checked	7/1/25	Microchip or ID Tag umber	None	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)			
Breed	Breed Collex		Colour and Markings	Tan & White	
Condition	Poor		Sex F	Age ± 2years.	
Temperament	Friendly		Sterilisation details NO.	Name	Medium
Coat Poor	Tail long	Teeth Condition Good	Ears Flop	Size	Adult
Area found / collected from	Boesmansdrift Farm, Bonnievale			Date	07/01/25
Reason for surrender	Unwanted				

ASSESSMENT

GOOD WITH:	Yes	No
Children	✓	
Cats	✓	
Other Dogs	✓	
Livestock/other		
DO THEY:	**Yes**	**No**
Jump Fences		✓
Run Away		✓

COMMENTS:

Surrendered by / Found by	Name	Clara Joker	
Residential Address	Boesmansdrift farm Bonnievale Rural		
Postal Address			
Tel (H)	Tel (W)	Cell	
Email			
Donation R	Cash	Card	EFT (Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: Johan

STATEMENT OF SURRENDER

I do hereby certify that I ~~DO~~ / I ~~DO NOT~~ own the animal/s described above, that IT IS / ~~IT IS NOT~~ a stray and I ~~DO~~ / I ~~DO NOT~~ know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age. **Also see 'Conditions' on reversed side.**

Hiermee verklaar ek dat ek dier/e hierbo beskryf **BESIT / NIE BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdruklik ooreengekom dat nóg die DBV nóg sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e nie. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die 'Voorwaardes' op die agterblad.**

Signature Clara	Witness for Society

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____