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): Tarien Stander

HOME ADDRESS: 7 Marais str, Wellington

ID NO.: 8607200074080

POSTAL ADDRESS: same as above

TEL NO (H): (B):

CELL NO: 084 826 4008 FAX NO:

E-MAIL: tarienstander@gmail.com

Address where animal will be kept: same as above

Reason for wanting an animal: Pet

Occupation: Admin Manager

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

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

Reason for wanting an animal: companian, therapy

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? WAHG

How many animals live on your property DOGS 0 CATS 3 OTHER 1 rabbit

What are the sexes of your animals? DOGS: Male ✓ Female ✓ CATS : Male 1 Female 2

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? N/A

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

Full description of the fencing and gate: Vibracrete, 1.8m Height:

What shelter is provided : OUTDOORS ✓ KENNEL Yes OTHER House

Have you previously had pets from an SPCA? Yes Are there children under the 10 years in your household? Yes

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 T Stander **Date of application** 12/5/2025