Pamela.

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): D H HOOGENHOUT

HOME ADDRESS: 19 Barlinka Str, Wellington

ID NO.: 4205230053085

POSTAL ADDRESS: -

TEL NO (H): _____ (B): _____

CELL NO: 0723102698 FAX NO: _____

E-MAIL: _____

Address where animal will be kept: 19 Barlinka Str

Reason for wanting an animal: Companion to Brocolli

Occupation: Retired

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: _____

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? Small

Can you afford private veterinary fees? Yes Who is your vet? WAGH

How many animals live on your property DOGS 1 CATS _____ OTHER _____

What are the sexes of your animals? DOGS: Male _____ Female _____ 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 (2) CATS - OTHER _____

Which animals do you still have, and what happened to the others? All died of old age

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

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

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER Indoor

Have you previously had pets from an SPCA? ✓ 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** 10 Feb 2026