

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - Prof Dr Mr Mrs Ms (including initials): SMS LYLE

HOME ADDRESS UNIT 2, 31 HENNING WEG
ISLANDVIEW ID NO.: 6410 31 506.2088

POSTAL ADDRESS AS ABOVE

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

CELL NO: 0825537379 FAX NO: _____

EMAIL: SMS LYLE @ MMS.CO.ZA

Address where animal will be kept: AS ABOVE

Occupation: TAX ACCOUNTANT

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

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

Reason for wanting animal: ANIMAL WOULD

Is the animal for yourself? YES 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? DOMESTIC LONG HAIR

Can you afford private fees? YES Who is your vet? _____

How many animals live on the property? DOGS? _____ CATS? ONE OTHERS _____

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

Are all your animals sterilised? Give details YES

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 3 OTHER? _____

Are animals do you still have, and what happened to the others? KITTEN, MISED WALKED

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

Full description of the fencing and gate: PRECAST, STEEL Height: 1.8

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER IN HOUSE

Have you previously had pets from an SPCA? NO Are there children under 10 in your household? NO

Pre Home Inspection Fee: R100.00 Receipt No: MIBY 4577

Declaration: The above information is true and correct