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): Mambihli Roseling Mbonani

HOME ADDRESS: 236 Sencuwa STREET Vosloorus

Phase 1 ID NO.: 7406 200538 08 2

POSTAL ADDRESS: As Above

TEL NO (H): (011) 389-0659 (B): _____

CELL NO: 083 964 0261 FAX NO: _____

E-MAIL: mbonanijabulani@gmail.com

Address where animal will be kept: As Above

Reason for wanting an animal: For companion

Occupation: RN Nurse

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? _____

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

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

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

Are all your animals sterilised? Give details /

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

Which animals do you still have, and what happened to the others? He was stollon

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

Full description of the fencing and gate: Wall Fencing Height: 5m

What shelter is provided : OUTDOORS / KENNEL / OTHER Inside

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** 29/5/2026