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): MRS. T FOXEN

HOME ADDRESS: 1A MURRAY STREET

WELLINGTON, 7655 ID NO.: 880804 0061 08 5

POSTAL ADDRESS:

TEL NO (H): 021-864 2602 (B): /

CELL NO: 064 924 6019 FAX NO: /

E-MAIL: tanyafoxen7@gmail.com

Address where animal will be kept: SAME AS HOME ADDRESS

Reason for wanting an animal: NEED A FRIEND FOR OUR OTHER DOG.

Occupation: TEACHER

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? (ANY)

Can you afford private veterinary fees? YES Who is your vet? WAHCT

How many animals live on your property DOGS 1 CATS 0 OTHER 2 BUNNIES

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

Are all your animals sterilised? Give details NO

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? /

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

Full description of the fencing and gate: STRONG, HIGH Height: 3 METERS

What shelter is provided : OUTDOORS ____ KENNEL ____ OTHER HOME

Have you previously had pets from an SPCA? ____ 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 Foxen **Date of application** 16 OCT. 2024