



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):

MR. A. ALBERTUS

HOME ADDRESS:

LANGHAM STREET. 1 WELLINGTON

6903125258086

ID NO.:

10

POSTAL ADDRESS:

TEL NO (H):

(B):

CELL NO:

0662151090

FAX NO:

aammz968y@gmail.com

E-MAIL:

Address where animal will be kept:

SAB

Reason for wanting an animal:

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:

LOVE CATS

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?

How many animals live on your property

DOGS

1

CATS

1

OTHER

What are the sexes of your animals? DOGS: Male

1

Female

CATS: Male

Female

1

Are all your animals sterilised? Give details

ONLY CAT

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

1

CATS

2

OTHER

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

CAT 1 DOG

ALL CAT DIED OF 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:

Height:

What shelter is provided: OUTDOORS

KENNEL

OTHER

INSIDE HOUSE

Have you previously had pets from an SPCA?

YES

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

[Signature]

Date of application