



APPLICATION TO ADOPT AN ANIMAL AANSOEK OM 'N DIER AAN TE NEEM

PLEASE NOTE: We retain the right to decline this application
NEEM ASSEBLIEF KENNIS: Ons behou die reg om hierdie aansoek af te keur

NAME: Prof/Dr/Mr/Mrs/Ms (Including Initials):

HOME ADDRESS:

POSTAL ADDRESS:

TEL NO: H:

B:

EMAIL:

CELL:

OCCUPATION:

ADDRESS WHERE THE ANIMAL WILL BE KEPT:

REASON FOR WANTING THE ANIMAL:

IS THE ANIMAL FOR YOURSELF?:

YES:

NO:

IS THE ANIMAL A REPLACEMENT FOR A PET WHICH HAS DIED FROM?:

DISTEMPER GASTRO-ENTERITIS PARVOVIRUS "SNUFFLES" CAT FLU BILIARY

WHAT TYPE OF ANIMAL DO YOU WISH TO ADOPT? : DOG:

CAT:

WHAT BREED OF DOG/CAT ARE YOU INTERESTED IN?:

CAN YOU AFFORD PRIVATE VETERINARY FEES?:

WHO IS YOUR VET?:

VET TEL NO:

HOW MANY DOGS AND/OR CATS DO YOU OWN?: DOGS:

CATS:

WHAT ARE THE SEXES OF YOUR ANIMALS?: DOGS:

CATS:

ARE ALL YOUR ANIMALS STERILISED?:

HOW MANY DOGS & CATS HAVE YOU OWNED OVER PAST 3 YEARS?:

DOGS:

CATS:



APPLICATION TO ADOPT AN ANIMAL

AANSOEK OM 'N DIER AAN TE NEEM

WHICH ANIMALS DO YOU STILL HAVE & WHAT HAPPENED TO THE OTHERS?:

IS YOUR PROPERTY FENCED WITH A PROPER GATE?: WILL YOU CHAIN A DOG:

FULL DESCRIPTION OF FENCING & GATE:

HEIGHT OF FENCE & GATE:

HAVE YOU PREVIOUSLY HAD PETS FROM A WELFARE?:

ARE THERE ANY CHILDREN UNDER THE AGE OF 10 YEARS OLD IN YOUR HOUSEHOLD?:

SIGNATURE OF APPLICANT:

DATE OF APPLICATION:

**IF YOU HAVE OTHER DOGS AND CATS PLEASE PROVIDE COPIES OF THEIR
STERILISATION AND VACCINATION RECORDS WHEN YOU SUBMIT THIS INFO.
PLEASE SEND THIS DOCUMENT AND THE REQUIRED RECORDS TO :
chantel@clunyanimaltrust.co.za**