

ADOPTION APPLICATION FORM



For office use only:

ANIMAL'S NAME: _____ **SEX:** M or F

D/O/B: _____ Y _____ M _____ D

DESCRIPTION: _____

APPLICATION APPROVED? YES NO **HOME CHECK APPROVED?** YES NO

ADOPTION FEE PAID: _____ **ADOPTION DATE:** _____

NOTES:

Date of application: _____ **2016**

APPLICANT DETAILS:

Full Name:	
ID Number:	
Home Address:	
E-mail Address:	
Work Tel: Cell Number: Home Tel:	
Occupation:	
Place of Work: Company/ Establishment	
Work Hours?	<i>Normal (9am-5pm)</i> <input type="checkbox"/> <i>Shifts (Early/Late Hours)</i> <input type="checkbox"/> <i>Part-Time (Mornings/Evenings Only)</i> <input type="checkbox"/> <i>Other:</i>
Transport?	<i>Own Vehicle</i> <input type="checkbox"/> <i>Public Transport*</i> <input type="checkbox"/> <i>Other*</i> <input type="checkbox"/> <i>*In case of emergency how will you get your animal to the vet?</i>
Alternative Contact: Name/Phone/Email	

PARTNER/SPOUSE/FAMILY MEMBER*:
**Person residing in same residence/who will or agrees to take responsibility for animal if owner cannot.*

Full Name:		Home Nr:	
Cell Nr:		Work Nr:	
E-mail Address:			
Relation:		Living in same residence?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Occupation:			
Work hours:	<i>Normal (9am-5pm) <input type="checkbox"/></i> <i>Shifts (Early/Late Hours) <input type="checkbox"/></i> <i>Part-Time (Mornings/Evenings Only) <input type="checkbox"/></i> <i>Other:</i>		

DO YOU HAVE KIDS? YES* or NO (*PLEASE LIST BELOW)

NAME:	BOY/GIRL?	D/O/B

DO YOU HAVE OTHER PETS? DOG(S) _____, CAT(S) _____, OTHER _____
 HAVE YOUR DOGS BEEN EXPOSED TO CATS IF YOU CURRENTLY DON'T HAVE CAT/S? _____
 IF YES, HOW LONG AGO AND FOR HOW LONG ETC? _____

BREED	SEX	D/O/B	Sterilized?	Tested FELV/Aids?	Vacc incl FELV?

IF YOUR ANIMALS ARE OLDER THAN 6MTHS AND NOT STERILISED PLEASE EXPLAIN WHY?

THE RESIDENCE...

i) Type of residence: HOUSE TOWNHOUSE/DUPLEX* APARTMENT*
 OTHER* _____

ii) Owned or Rented

DO YOU HAVE PERMISSION TO KEEP ANIMALS? YES NO

DO YOUR NEIGHBOURS HAVE PETS? YES NO

ARE THERE ANY RULES ABOUT KEEPING PETS ON THE PROPERTY? YES NO

iii) What type of fencing does the property have and how high is the fence? _____

iv) Is the property close to / right next to a busy road? _____

v) Is there a pool on the property? YES NO
 If yes, is the pool enclosed? YES NO

Why do you want to adopt a cat/kitten?	
Have you experience with (raising, training & living with) a young kitten unto adulthood?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you able to feed your new kitten at least 3 times per day?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is there anyone home during the day to: play with, train, supervise and provide companionship to a young "baby" (kitten)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>Kittens need to explore, this may scratch or climb places or things we may not appreciate...</i>	
Would you say that you fully understand the responsibility, time needed and challenge you are taking on in agreeing to take responsibility for raising and training a young animal?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cats need space to play and "run". They have habits of clawing furniture, curtains and sometimes even people! Cats also hunt – this means they may catch birds or rodents and bring them into your home. They need "private" toileting areas, soft & secluded sleeping "spots" and also shed fur. Do you feel you have the right environment to keep a cat?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will the cat be kept	INDOORS ONLY <input type="checkbox"/> "FREE RANGE"? <input type="checkbox"/>
Can you afford to feed a grown cat a healthy, balanced diet (and resist the temptation to over-feed)? (Preferably a scientifically formulated veterinary diet.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
How often will/do you feed your adult cat?	
Cats also need attention, companionship, exercise & stimulation, do you have time to play with and provide your cat with these important essentials?	YES <input type="checkbox"/> NO <input type="checkbox"/>
How will you train and/or discipline your cat?	
What will you do with your animal when you go away? (For example: holiday/business)	

VETERINARY CARE:

CONTACT DETAILS OF VET (Your current vet or if you are a "new" animal owner, which *Private* Veterinarian's services do you intend to make use of?):

Name of Practice and/or Veterinarian:	
Address:	
TEL:	

DECLARATION:

- Have you ever applied to adopt a pet from another organization and been declined? **YES** **NO**

If yes, please explain: _____

- Have you ever surrendered a pet to an animal welfare organization or re-homed it? **YES** **NO**

If yes, please explain: _____

- Have you ever had to euthanize a pet? **YES** **NO**

If yes, please explain why and when:

- Do you agree to/can you afford to*:

- Have your animal/s vaccinated annually? **YES** **NO**
- Provide your animal/s with necessary veterinary care in the case of illness/injury (including age-related conditions) **YES** **NO**
- Provide emergency care in case of an accident? **YES** **NO**

***All of these questions refer to services of a private veterinarian and NOT welfare organizations.**

I hereby state that all of the questions above were answered truthfully and fully to the best of my knowledge.

I understand that my adoption application is approved subject to a home check by a representative of Aniwell and it is solely at their discretion to refuse my application.

By signing the adoption application you have agreed to/will abide by:

- 1) Paying the adoption fee of R..... to Aniwell within 24 hours of adoption unless otherwise agreed to with an representative of Aniwell.
- 2) Providing your adopted animal with clear identification (i.e. a tag and collar and/or microchip).
- 3) Keeping your adopted animal clean, safe and healthy to the best of your ability and ensuring vaccinations are up to date (It is advised that you continue vaccinate your kitten/cat against feline leukaemia. This is a very serious and contagious illness and is not included in the standard vaccinations)
- 4) Returning the adopted animal to Aniwell if for any reason: a) you no longer want it or b) you are no longer able to care for it to the best of your ability or c) your circumstances change from this adoption application.
- 5) Advising Aniwell immediately if the adopted animal falls sick from a contagious disease eg snuffles etc within 14 days of you adopting it.
- 6) Aniwell has the right to confiscate the adopted animal from you at any time at its discretion. Aniwell can also do further home checks at their discretion.
- 7) Providing your adopted animal with necessary veterinary care in the case of illness/injury (including age-related conditions) and in emergencies.
- 8) Understand that we test all our cats for feline leukaemia and feline aids but due to an incubation period this may give a false negative, please ensure your cats are tested and vaccinated against feline leukaemia in order to protect them against this unlikelihood

Signed:

- 1) Applicant(s):

Date: _____

- 2) Aniwell Representative(s):

Date: _____