

Contact Details:

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Canine Adoption Form

Public Benefit Organisation No : 930 025 719

Banking Details:
 PETS Standard Bank
 (033012)
 Acc # 277408695

**Adoption Fee
 R400**

| | | | |
|---|-------------------------------|------|--------|
| Date: | Name of animal to be adopted: | | |
| Cat/dog/other: | Age: | Sex: | Breed: |
| Description/Identifying Marks: | | | |
| Name of staff member/volunteer handling the adoption: | | | |

| | | | | |
|---|-------------------------------------|--|--|--|
| Name of PET applying for | | | | |
| Your Name and Surname | | | | |
| ID Number | | | | |
| Address where pet will live | | | | |
| Contact Number: Cell (2 Cell Numbers) | | | | |
| Contact Address: Email (2 Addresses) | | | | |
| Do you have other DOGS OR CATS? | | | | |
| If so: | | | | |
| Quantity | | | | |
| Age(s) & Gender(s) | | | | |
| Sterilised YES OR NO? | | | | |
| If not sterilised please provide a reason | | | | |
| Did any of your animals have a litter before sterilisation? | | | | |
| Are your pets (cats & dogs) fully vaccinated? | | | | |
| What diet are your pets on? | | | | |
| Quantity hours dog would be alone for during the day | | | | |
| If someone is at home during the day, who are they and for how long ? | | | | |
| Reason you want to adopt a dog? Watchdog/Protection/Breeding?Companion/Gift? Please specify... | | | | |
| Have you ever surrendered your animal to a rescue organisation or given a pet away? If so, Why? | | | | |
| What happened with previous companions who are no longer with you? | | | | |
| Have any of your companions gone missing. If so explain the circumstances and were they found? | | | | |
| Are you prepared to provide a PERMANENT home for the life of this animal? | NOTE DOGS CAN LIVE UP TO 15 YEARS!! | | | |
| Are you willing to put up with digging, chewing, potty training, barking etc until the pup is trained? | | | | |
| Who will be responsible for your pets when you go on holiday? | | | | |
| Have you made provision if something should happen to you, and who will be responsible for your pets? | | | | |
| What will happen to your pets should your circumstances change? I.e. Loss of job or moving into a smaller house or a place that does not allow animals? | | | | |
| Where will the dog sleep at night | | | | |

| | |
|---|--|
| (In the house or outside)? | |
| If outside, what shelter will be provided? | |
| If animal will sleep outside, will they be allowed inside and when? | |
| Do you have a FENCED / GATED yard? | |
| Do you have a pool. If YES, is the pool enclosed? | |
| How often will feeding take place? | |
| What size garden will the animal have access to (Small / Medium / Large)? | |
| Will you have time to play, walk and groom your dog? | |
| Have any animal died on your premises due to Parvo / Distemper? If so, how long ago? | |
| Are you able to provide Veterinary care, quality dog food, and grooming for your pet? | |
| Are you planning on moving within the next year? | |
| What will happen to your pets should you move? | |
| Type of housing? House/Flat/Relatives. | |
| Rent or Own? | |
| Do you have your own transport? | |
| If you rent, do you have permission to own a dog / dogs? | |
| Do you understand that your dog must be vaccinated yearly, dewormed every 6 months at least and be treated for ticks and fleas every month (at your own cost)? | |
| Do you understand and accept that if you are adopting a young animal, the animal MUST be sterilised at 6 months of age at your own cost. (Current cost R450.00 via PETS) | |
| REFERENCE 1 : Name and Relationship to you | |
| Address | |
| Cell and Landline | |
| Email address | |
| REFERENCE 2 : Name and Relationship to you | |
| Address | |
| Cell and Landline | |

PLEASE READ THROUGH CAREFULLY BEFORE TAKING YOUR COMPANION HOME – THIS IS A LEGAL DOCUMENT:

It is hereby certified that in the event of this application being approved, the above mentioned applicant has adopted a companion/s from P.E.T.S subject to the following conditions:

1. The applicant undertakes to care for, love and make part of the family their new companion. They promise to make sure the animal/s is/are comfortable with suitable shelter and that fresh food and water is provided at least twice per day.
2. The applicant undertakes to keep the new companion properly enclosed (preferably indoors) for a timeframe as long as may be required for the new companion to become accustomed with its new surroundings – the timeframe for such enclosure may vary from a couple of days to a couple of weeks, depending on each companion.
3. The applicant undertakes to provide the pet with positive identification **AND** a contact telephone number **IMMEDIATELY** after adopting the new pet – such identification should at least entail a collar and name tag suitably fitted to the pet, whilst tattooing and/or micro-chipping would be preferable as additional methods of identification.
4. The applicant understands that the animal/s **MAY NOT** be chained or fastened under any circumstances and must be allowed full access to the available property/yard.
5. The applicant undertakes to fully vaccinate the adopted animal.
6. The applicant undertakes to sterilise the adopted animal at P.E.T.S at 6 months of age. Should the applicant adopt an un-sterilised older animal due to unforeseen circumstances, arrangements will be made to sterilise the animal as soon as possible via P.E.T.S. (*please see below for contract*)
7. Should the applicant wish to use their own vet, proof of sterilization needs to faxed through to P.E.T.S on request.
8. The applicant agrees to random checks (using satellites or physical ones, or background checks) by P.E.T.S in order that the sanctuary can confirm that the animal/s is/are receiving suitable housing and care. The applicant understands that P.E.T.S has the right to remove the animal/s should the applicant fail to comply with the rules and regulations as stipulated in this document.
9. If for any reason, the applicant decides that he/she no longer wants the animal/s, the animal/s will not be placed in a new home without the permission/kowof P.E.T.S

Signed on the.....day of(year).....at.....

Applicant's signature:.....Full name & surname.....

Staff member/volunteer's signature:.....Full Name:.....



THANK YOU FOR TAKING THE TIME APPLY TO SAVE A LIFE