



90 BOFORS CIRCLE
 EPPING 2
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manager@aacl-ct.co.za

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1 BUREAU ST
 BELLVILLE SOUTH
 021 951-3010
adoptb@aacl-ct.co.za

ADOPTION APPLICATION FORM – DOGS/PUPPIES

Adoption fee includes: 1st Vaccination, Worm and Flea treatment, compulsory sterilization, microchip and ID tag.

ADOPTION FEE: R850

Full Name and Surname:					
Physical Address:					
RSA ID Number OR age:		Email Address:			
Home Telephone:		Cell Number:			
Do you have children:		If so, state their ages:			
Do you rent or own your property (please circle):		Rent	Own	Live with Friends / Family	
If renting, do you have consent from your landlord/body corporate?			Yes	No	
Type of dwelling (please circle):	House	Flat	Townhouse	Farm	Other
Is the property fully enclosed and locked?		Yes		No	
What is the enclosure made of (e.g. wall/fencing)?					
Height of fencing (metres):		metres			
Size of Property (m ²)	m ²	Size of enclosed section (m ²):		m ²	
Do you have a swimming pool (please circle):		Yes		No	
Is it enclosed (circle):	Yes	No	What type of enclosure:		

Please list all the pets you have at this moment:

No	Breed	Sex	Age	Sterilized?	No. of Vaccs or date of last vaccination
1					
2					
3					
4					

If your animals are not sterilized, please provide a reason:		
Have you ever had a pet euthanized (put to sleep)? If "yes", please explain:		
Have you ever surrendered a pet to a shelter? If "yes", please explain:		
Have you ever had a pet go missing or poisoned? If "yes", please explain:		
What type of identification does or should your animal wear?		
Have you had an animal on your property in the last six months with Parvo / Distemper / Feline Leukaemia / FIV or FIP / Mange or any other disease:		Yes No
Your current Veterinarian's contact details:	Name:	
	Number:	

Describe in detail the type of dog you want:						
Please circle the reason for wanting a dog:	Companion	Pet	Friend for existing pet	Watchdog / Guard property	Breeding	Gift
	Other (please specify):					
Where will the dog sleep?				Will the dog be allowed inside?	Yes	No
Are you prepared to exercise the dog?						
What type of exercise will you provide?						
Will the animal have access to water and shelter at all times?					Yes	No
What type of shelter? (please circle)	Kennel	Braai Room	Covered Patio	Garage	Wendy House	Other
Will the dog be tied up or free to run in the garden?			Tied up		Free to run	
What brand of food do you feed your animal(s)?			How often do / would you feed?			
What are your working hours?						
Is someone at home during the day, and if so, whom & what hours?						
Do you have an active lifestyle?						
What methods of training do or will you use (like urinating inside the house)?						
How many times have you moved in the last 5 years?						
What arrangements did you make with your animals at that time?						
If you move what will you do with your pets?						
If you go on vacation, what arrangements do you make for your pet?						
Do you understand that all your animals should be vaccinated yearly, receive flea and tick treatment monthly and dewormed every 3 months on your own expense? (please circle)					Yes	No

To ascertain whether you are able to provide necessary veterinary care please complete the following:

I am currently employed: (please circle)						Yes	No
Company name :							
Job description :							
If not currently employed, are you: (please circle)	Pensioner	Student	State subsidised	Receive an allowance	Other		
	Self-employed (details):						
Monthly household income: (please circle)	R0-R4999	R5000-R9999	R10 000-R14999	R15 000-R20 000	R20 000+		

I hereby declare that all information on this application is correct

Signature:		Date:	
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OFFICE USE ONLY:

Adoption Officer:			
Name of Dog:		Breed:	
Age:		Size:	
Energy Levels:			
Positive Feedback:			
Concerns:			
Inspector:		Date:	
Comments:			
Status:	Passed	Failed	Pending