

90 BOFORS CIRCLE EPPING 2 021 534-6426 T adopte@aacl-ct.co.za P.O. BOX 59 RONDEBOSCH 7701 NPO 000 561 PBO 93 000 6848 STANDARD BANK 07 146 5820 RONDEBOSCH 025 009 SACKS CIRCLE
BELLVILLE SOUTH
021 951-3010 T
adoptb@aacl-ct.co.za

ADOPTION APPLICATION FORM – CATS / KITTENS

Adoption fee includes: 1st Vaccination, Worm and Flea treatment, compulsory sterilization, microchip and ID tag as well as FeLV and FIV test.

ADOPTION FEE: R900

Full Name and Surname: **Physical Address:** RSA ID Number: **Email Address:** Home Telephone: Cell Number: Do you have children: If so, state their ages: Live with Friends / Family Do you rent or own your property (please circle): Rent Own If renting, do you have consent from your landlord/body corporate? Yes No House Type of dwelling (please circle): 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 (meters): meters Size of Property (m²) Size of enclosed section (m²): m^2 Do you have a swimming pool (please circle): No Is it enclosed (circle): No What type of enclosure: Please list all the pets you have at this moment: Sterilized? No. of Vaccs No Breed Sex Age 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 three months with FeLV / FIV or FIP / Mange or Yes No any other disease: Name: Your current Veterinarian's contact details:

Number:

| Please circle the reason for wanting a cat: | Companion Pet Cato | | | ch mice Friend for existing pet | | | Breedii | ng | Gift |
|--|--|----------------|------------------|---------------------------------|--------------------------|--------------|-----------------|---------|--------|
| | Other (please specify): | | | | | | | | |
| Where will the cat sleep? | | | | Vill the | cat be allowe | d inside? | Yes No | | No |
| Will the animal have access to | er at all times? | | | | Yes | | No | | |
| What type of shelter? (please circle) | | Kennel | Kennel Braai Roo | | Covered Patio | Garage | Wendy House | | Other |
| What brand of food do you feed your cat(s)? | | | | | How often d | o / would yo | ı feed? | | |
| What are your working hours? | | | | | | | | | |
| Is someone at home during the | e day, and if | | | | | | | | |
| so, whom & what hours? | | | | | | | | | |
| Do you live next to or near a very busy road or highway? | | | | | | | Yes | | No |
| Are you prepared to keep doors and windows closed in the area where the cat is kept until he/she has settled in and become familiar with your home and surroundings? | | | | | | | Yes | | No |
| Does your neighbour have dogs? Yes No Are they cat-friendly? | | | | | | | Yes | | No |
| Is your own (current) dog/s socialized with cats and cat-friendly? | | | | | | | Yes | | No |
| Does your fencing have security/palisade spikes, barbed wire or electrical fencing? | | | | | | Yes | | No | |
| How many times have you mo | | | | | | | · · | | |
| What arrangements did you m | ake with your ar | nimals at that | time? | | | | | | |
| | | | | | | | | | |
| If you move what will you do v | vith your nets? | | | | | | | | |
| ii you move what wiii you do v | vitii your pets. | | | | | | | | |
| | | | | | | | | | |
| If you go on vacation, what arr | angements do y | ou make for y | your pet, | /s? | | | | | |
| | | | | | | | | | |
| Do you understand that all your animals should be vaccinated yearly, receive flea and tick treatment | | | | | | | Vaa | | Ne |
| monthly and dewormed every 3 months on your own expense? (please circle) | | | | | | | Yes | | No |
| T | | | | .1 | | C.II. | | | |
| To ascertain whether you are able | | essary veterir | nary care | piease | complete the | e following: | | | |
| I am currently employed: (plea | ise circle) | | | | | | Yes | | No |
| Company name : | | | | | | | | | |
| Job description : If not currently employed, are | Pensioner Student State subsidised Receive an allowance Other | | | | | | | | |
| you: (please circle) | Pensioner Student State subsidised Receive an all Self-employed (details): | | | | | | owance | | Other |
| Monthly household income: | | | | | | | | | |
| (please circle) | R0 – R4999 | R5000 – R9999 | | R10 | R10 000 – R14 999 R15 00 | | 0 – R20 000 R20 | | 000+ |
| , | | | | | | | I | | |
| I hereby declare that all in The undersigned hereby g purposes related to its ser Information Act. | ive their cons | sent to the | AACL (| CT to | process the | - | | | or all |
| Signature: | e: | | | Date: | | | | | |
| | | OFFI | CE USE C | ONLY: | | | | | |
| Adoption Officer: | | | | | | | | | |
| Name of Cat / Kitten: | | | | | Breed: | | | | |
| Age: | + | | | | | | | | |
| Positive Feedback: | | | | | | | | | |
| Concerns: | | | | | | | | | |
| Inspector: | | | | | | | | | |
| Comments: | | | | | Date: | | | | |
| Status: | | assed | | | Date: | | | Pending | |