



90 BOFORS CIRCLE
 EPPING 2
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SACKS CIRCLE
 BELLVILLE SOUTH
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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: R1100

Full Name and Surname:					
Physical Address:					
RSA ID Number			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
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 any other disease:

Yes

No

Your current Veterinarian's contact details:

Name:

Number:

Please circle the reason for wanting a cat:	Companion	Pet	Catch mice	Friend for existing pet	Breeding	Gift
	Other (please specify):					
Where will the cat sleep?			Will the cat be allowed inside?		Yes	No
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
What brand of food do you feed your cat(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 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 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/s?						
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 – R14 999	R15 000 – R20 000	R20 000+

I hereby declare that all information on this application is correct.

The undersigned hereby give their consent to the AAAL CT to process the personal information for all purposes related to its services in accordance with the provisions of the Protection of Personal Information Act.

Signature:		Date:	
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OFFICE USE ONLY:

Adoption Officer:			
Name of Cat / Kitten:		Breed:	
Age:			
Positive Feedback:			
Concerns:			
Inspector:		Date:	
Comments:			
Status:	Passed	Failed	Pending