

ADOPTION APPLICATION

HARTBEESPOORT ANIMAL WELFARE SOCIETY

Name and Surname: _____

Telephone Number: _____

Cellphone Number: _____

Residential Address: _____

E-mail address: _____

Do you own the property: YES NO

If no, do you have written permission from the owner to adopt an animal:

 YES NO

If living in a complex, do you have written permission from the body corporate to adopt an animal:

 YES NO

How is the property enclosed: _____

Does the property have an animal proof gate: YES NO

Are there any retail businesses on your premises: YES NO

Where will the animal sleep: _____

How many hours per day do you spend with your animals: _____

What is your average monthly budget for animal care? _____

Who is your veterinarian? _____

Have any of your animals died within the past year: YES NO

If so, what was the reason for the death: _____

What other animals do you own?

Name	Species	Gender	Sterilized	Vaccinations Up to date	Age
		M F	YES NO	YES NO	
		M F	YES NO	YES NO	

Type of animal wanting to adopt:

Species: DOG CAT OTHER (specify) _____

Gender: MALE FEMALE

Breed: _____

Reason for adoption: _____

FOR OFFICE USE:

Animal's Name	
Animal's Identification Number:	
Home Check:	
Amount Paid:	
Payment For:	
Method of Payment:	
Post Home Check:	

Is the animal:

Sterilized	Yes	No	If No When:	Follow Up:
1 st Vaccination	Yes	No	If No when:	Follow Up:

Declaration

I _____ hereby apply for the adoption of the above animal and shall comply with the following conditions:

- I agree to a pre-adoption home check of the premises where the animal will be kept
- I agree to allow HAWS access to the animal for inspection purposes after the adoption
- I undertake not to rehome the animal
- If I am unable to keep the animal for any reason, I undertake to return the animal to HAWS
- If the animal is not sterilized within 6 months HAWS will remove the animal and cancel your ownership
- I undertake to keep the animal in a parasite free condition
- I undertake to have the animal vaccinated and checked by a veterinarian on an annual basis.
- I understand that HAWS has the legal right to confiscate the animal without warning, if the above conditions are not complied with
- I confirm that my other animal's inoculations are up to date and indemnify HAWS against financial and legal costs, consequences of any disease transmitted by or damages caused by the adopted animal.
- I undertake to pay the adoption fee on completion of this form.
- The adoption fee covers the **sterilization and 1st vaccination only!**

Signed _____ at Hartbeespoort on the _____

HAWS Witness: _____