



Contact details:

Tel: 061 238 654

Email: info@spcawindhoek.org.na

Pet Ref #: _____

Pet Name: _____

Species: Dog / Cat / Other: _____

Adoption Application

Please note: the SPCA Windhoek retains the right to turn down this application

Title: _____ Prof. / Dr. / Mr. / Ms.

Name & Surname: _____ ID #: _____

Home address: _____

Postal address: _____

Tel #: _____ Home: _____ Cell: _____ Work: _____

Email: _____

Occupation: _____ Name of company: _____

Address where pet will be kept: _____

Reason for wanting to adopt a pet: _____

Is the pet for yourself? Yes / No? _____

Is this pet a replacement for another pet? Yes / No? _____ If yes, what happened? _____

If the pet died from sickness – did the pet die from any of these sicknesses? Yes / No? _____ Which? _____ Distemper/ Diarrhoea / Parvo-virus/ Kennel Cough/ Cat flu/ Snuffles/ Tick-bite fever/ FELV

What would you like to adopt? Dog / Cat / Other? _____

What breed of Dog / Cat are you interested in? _____

What type of pet are you looking for? Friendly Mellow Medium Active Playful Social Independent Affectionate Confident Don't mind shy Good with kids Good with cats Good with dogs

For how long do you see yourself keeping your adopted pet? Years? _____ What is the average lifespan of the pet you want to adopt? _____

How much are you expecting to spend each month on your new pet? _____

Can you afford private veterinary fees?

Yes	No
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Who is your vet? _____ Previous vet? _____

How many pets do you own? Dog/s _____ Cat/s _____ Other _____

What are the gender of your pets? Dog/s _____ Cat/s _____ Other _____

Are your pets sterilized? Give details _____

How many pets have you owned over the last 3 years? Dog/s _____ Cat/s _____ Other _____

What happened to the other pet/s? _____

Will the pet/s be allowed in your house? _____

Where does the pet/s sleep at night? _____

Do you or anybody in your house have any pet allergies?

Yes	No
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Do you rent?

Yes / No

 Did owner give permission for pet/s to be kept on premises?

Yes / No

Will you chain this or any other pet?

Yes	No
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How many people live in your house? _____ Ages: _____

How would you describe your household? Busy Quiet Combination of Busy/Quiet

Is anyone in your home afraid of pets? _____

Do you have your own transport?

Yes	No
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Have you adopted a pet/s previously from any SPCA?

Yes	No
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If yes, from which SPCA? _____

If you are interested in adopting a dog

Are you willing to do some training with your adopted dog? Can you tell us a little bit about your experience with training and behaviour? _____

How often will your dog be exercised? _____ How? _____

Have you thought about house training your dog and how you would do this? _____

Applicant: I hereby confirm that all information given is the truth and correct.

Signature of applicant: _____ Date of application: _____

For office use only

Adoption Counsellor: _____ Date: _____

House Check Vet Check Meet & Greet (P) Meet & Greet (D) Cat Test Dog Test

Application successful?

Yes	No
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 Approved By: _____ Date: _____

Reason: _____