



## Animal Protection Network NPC 2017/126811/08

Zuerina

082 850 9842

### ADOPTION APPLICATION AND AGREEMENT AND HOME CHECK DOCUMENT

Please complete, sign and email back to [info@animalprotection.co.za](mailto:info@animalprotection.co.za)

ADOPTION FEE PAID	
DATE OF STERILISATION	

Applicant's Full Name	
ID Number	
Home check done by	
Time & Date of visit	
Physical Address	
Contact numbers	
Email address	
Name of pet applied for	
If the animal(s) is ill, will you take it to the vet	
Is the cat/dog spayed or neutered?	
Will you be prepared to buy breed specific food?	
Type of Home and Neighbourhood	
Type of street (cul-de-sac/main road/industrial street/quiet suburb road - and Neighbourhood	
Is the property owned or rented	
Landlord/Body Corp Contact details	
Is there a yard/garden. What is the size	
Are there a domestic on the property and how does the staff interact with the pet/s?	

Is there a garden service? If so, how do they keep the animals safe from escaping whilst attending to the garden?	
Is home exterior well cared for?	
Can the dog/s get out of the property when drivers are coming in and out? If so, how do they keep the animals safe from escaping during the time the garden service is working	
Fenced/walled/electric fence	
Gates in fence (can a dog fit through the bars)	
Is the yard clean	
Is there material stacked against boundary walls	
Is there a pool and is it fenced off / have a cover - will owners cover pool?	
Are there any other dogs on the property and are they well cared for and how does the applicant/s interact with them	
Have you owned any pets before? Give details please.	
Is there a dog house or other outside shelter and is there a dog door fitted?	
Are there any children and do they have experience with animals/do they show interest	
Any dog walking parks in the area	
Did you meet all the family members and are they all in agreement with fostering	
Is the applicant in the process of moving or considering a move	
Overall condition of the home interior?	
Where will the dog/cat spend most of its time	
Where will the do/cat stay when no one is at home and for how long will the dog/cat be left alone?	
How does the applicant interact with your dog (did you take a dog with)	

Where will the dog/cat sleep	
Where will the dog/cat eat	
Where will the water /food dishes be	
Will the dog/cat be kept away from prying eyes in the street	
Where will the dog/cat be kept when you go away on holiday	
Consulting Vet and Contact number	
Contactable Reference	
Suggestions / Concerns	
Do you approve this applicant?	

<b>Indoor Shelter</b>		
When you adopt you agree to provide a safe, indoor environment for the animal/s. Adoptee understands that the animal/s may not be housetrained or even accustomed to living indoors. Adoptee agrees to make a good-faith effort to assist with house-training.	YES	
<b>Health and Welfare</b>		
Adoptee agrees to feed, water, and otherwise care for the animal/s, to monitor the health of the animal/s, including transport to an approved veterinarian when necessary, and to administer any necessary veterinary medicines *	YES	
<b>Heartworm Prevention</b>		
Adoptee agrees to give the animal/s heartworm preventative and flea/tick monthly.	YES	
<b>Waiver of Liability</b>		
Upon Animal Protection Network's physical transfer of the animal/s to the Adoptee, the Adoptee becomes liable personally and voluntarily for all risks in connection with adopting the animal/s. Adoptee hereby releases and forever discharges Animal Protection Network and its representatives from any and all loss, liability, actions, causes of actions, suits, claims, demands, damages or causes of any kind or nature whatsoever, which arise out of or are based upon any fact, matter, injury, damage, or claim arising out of this Agreement, the Adoptee addressed in it, or the animal/s. The Adoptee acknowledges that animals are unpredictable and agrees to take all necessary precautions for the safety of the animal, their family members and household, and the animal/s.	YES	

#### **Additional Information:**

1. \* If you rent, a copy of your lease and addendum for pets must be presented to Animal Protection Network.
2. \* By signing this adoption application/agreement, you agree to provide vaccinations, health check-ups and any additional veterinary care, by a qualified veterinarian, on a yearly or as-needed basis.
3. \* By signing this adoption application/agreement, you agree to have this pet spayed or neutered if he/she is not already sterilized.

4. \* Your adoption fee is a donation to Animal Protection Network which covers all costs incurred by Animal Protection Network during the rescue of this animal, and is non-refundable. Should you wish to make a donation over and above the fostering fee to support our work we would be most grateful.
5. Please note that you cannot pass this adopted animal onto another person, if you are no longer able to care for it, without the specific permission of Animal Protection Network. The Home Check process will be done for the new home before approval is granted.
6. By signing this form, I/we acknowledge that the information on this form is true and correct.
7. I/we agree to all provisions indicated on this form. I/we understand that any misrepresentation of fact may result in Animal Protection Network refusing fostering privileges to me/us. If my/our request for adoption is approved and later Animal Protection Network discovers the above information is not true or correct, this application becomes null and void, and because of my breach of contract, Animal Protection Network reserves the right to remove the adopted pet from my home, and I will be held responsible for any associated legal costs incurred as part of said reclamation process.
8. In order to ensure the best homes for our rescued pets, we reserve the right to deny any adoption application.
9. Thank you for applying to adopt a pet from Animal Protection Network. Please allow 24 to 72 hours to process your application.

SIGNED ON THIS AT \_\_\_\_\_

\_\_\_\_\_  
Signature of APN Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adoption Applicant

\_\_\_\_\_  
Date

**For office Use Only:**

Approved

Not Approved

Reason for not approving this applicant:

\_\_\_\_\_  
Signature of APN Representative

\_\_\_\_\_  
Full Name in Print

\_\_\_\_\_  
Date