

# DAW ADOPTION APPLICATION FORM

## DOG/PUPPY/CAT/KITTEN



Please read and fill in the form below, initial all pages and sign the last page.

Once complete, return the document to [info@deadanimalswalking.co.za](mailto:info@deadanimalswalking.co.za).

Thank You!

Application Date: \_\_\_\_\_

ABOUT YOURSELF		
<b>Full legal name</b>		
<b>ID number</b>		
<b>Birth Date</b>		
<b>Occupation</b>		
<b>Full physical address (no P.O.Box)</b>		
<b>Cellphone number of person adopting</b>		
<b>Home telephone number</b>		
<b>Work telephone number</b>		
<b>Cellphone number of other person that can be contacted (not person adopting)</b>		
<b>E-mail address</b>		
<b>Please provide references of 2 people who have known you for 5 years or more, not in your immediate family:</b>	<b>Personal Reference #1</b>	Name:
		Phone:
	<b>Personal Reference #2</b>	Name:
		Phone:



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## ABOUT YOUR HOME

**Where do you live?**

*Please tick the one that applies.*

- Own Home
- Renting an apartment
- Renting a house
- Living with parents
- Other *(please specify below)*

**If renting, please list landlords details**

**Full name**

**Address**

**Landline number**

**Cellular number**

**How long have you lived at this residence?**

*(Please note that a notification has to be given to us prior to relocating to new premises.)*

**With whom do you live?**

*Please tick all that apply.*

- Spouse / Partner
- Roommate
- Parents
- Children under 5 years
- Alone
- Other *(please specify below)*

**How many adults over 18 years live at residence?**

**How many children and of what ages?**

**Is your home...?**

*Please tick the one that applies.*

- Rural
- Urban
- Suburban
- Agricultural

**What is your yard size?**

*Please tick the one that applies.*

- Small
- Medium
- Large
- More than 1 hectare

**Is the yard fenced or walled in?**

*Please tick the one that applies.*

- Fully
- Partial
- Will be fenced/walled in a few weeks
- Other *(please specify below)*



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**ABOUT YOUR CURRENT PETS**

**Do you own other pets?**     Yes  
 No

**If yes, please give us information about all the animals alive and currently living in your household:**

Pet # 1		Pet # 2	
Name		Name	
Type (dog / cat / other...)		Type (dog / cat / other...)	
Age		Age	
Breed		Breed	
Sterilized	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sterilized	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vaccinated and dewormed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccinated and dewormed	<input type="checkbox"/> Yes <input type="checkbox"/> No
More info about this animal		More info about this animal	
Pet # 3		Pet # 4	
Name		Name	
Type (dog / cat / other...)		Type (dog / cat / other...)	
Age		Age	
Breed		Breed	
Sterilized	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sterilized	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vaccinated and dewormed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccinated and dewormed	<input type="checkbox"/> Yes <input type="checkbox"/> No



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<b>More info about this animal</b>		<b>More info about this animal</b>	
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**ABOUT YOUR PREVIOUS PETS**

Please give us information about the last 2 pets that you no longer have (deceased or otherwise):

<b>Name of pet # 1</b>		<b>Name of pet # 2</b>	
<b>What type of pet? (Dog / cat / other...)</b>		<b>What type of pet? (Dog / cat / other...)</b>	
<b>What happened to the pet?</b>		<b>What happened to the pet?</b>	
<b>If dead, how did it die?</b>		<b>If dead, how did it die?</b>	

<b>PRESENT Vet</b>	Vet name and hospital	
	City and phone number	
	Name your pet's records are under <i>(if different than applicant)</i>	
<b>FORMER Vet</b>	Vet name and hospital	
	City and phone number	
	Name your pet's records are under <i>(if different than applicant)</i>	

**ABOUT THE DOG/PUPPY YOU WOULD LIKE TO ADOPT**

<b>First choice dog/puppy name</b>	
<b>Second choice dog/puppy name</b>	
<b>Where did you hear about Dead Animals Walking and the one you're choosing for adoption?</b>	



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<p><b>Why are you looking to adopt?</b></p>	
<p><b>Of all the animals, why have you chosen this one?</b>  <i>(Please note that all applicants are reviewed for the best homes so if you're declined for this specific animal we will help you find another that will fit you and your family's needs)</i></p>	

<p align="center"><b>ABOUT TAKING CARE OF YOUR FUTURE PUPPY/DOG</b></p>	
<p><b>Who will be the main caregiver?</b></p>	
<p><b>Are you familiar with local animal by laws?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p><b>Dog living situation?</b>  <i>Please tick all that apply.</i></p>	<p><input type="checkbox"/> Living inside  <input type="checkbox"/> Living outside  <input type="checkbox"/> In dog house  <input type="checkbox"/> Other (please specify below)</p>
<p><b>Where will the dog sleep at night?</b></p>	
<p><b>Typically how long will the animal be left alone during the day?</b></p>	
<p><b>How will you exercise the animal?</b>  <i>Please tick all that apply.</i></p> <p><i>Note some dogs may require obedience training class, as well as regular activities to keep them happy and healthy, if you're unable to provide list below, please ask which animal/breed may suit your lifestyle better</i></p>	<p><input type="checkbox"/> Leash walk daily  <input type="checkbox"/> Free to run in fenced/walled yard  <input type="checkbox"/> Supervised access to run in unfenced yard  <input type="checkbox"/> Taken to a park or beach off the lead  <input type="checkbox"/> Bushwalk at Hound Haven on Sundays  <input type="checkbox"/> Other (please specify below)</p>
<p><b>What type of food will you feed this pet?</b></p>	
<p><b>Are you aware of what this may cost?</b></p>	<p>Per month: R _____  Average per year: R _____</p>



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<p>Properly cared for dogs can cost anything between R 3,000 – R 5,000 a year. This includes yearly vaccinations, deworming, vet checkups, dog supplies, potentially needed training, possible boarding, good quality food and unforeseen medical expenses.</p> <p>Are you FINANCIALLY ABLE to spend this kind of money on this dog if required?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Sometimes
<p>Dogs can live 15 years or longer. Can you commit to caring for this pet that long?</p>	
<p>Is any household member allergic to animals?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <p>If yes, how will you deal with reactions to this pet? Please specify below.</p>
<p>What will you do with the dog/puppy if you have a baby?</p>	
<p>What will you do with the dog/puppy if you have to move?</p>	
<p>How would you discipline an adult dog or puppy?</p>	
<p>What would you do if your dog gets into trouble by ruining something you value?</p>	
<p>Would you provide the animal with a 14 days chance to settle in?  <i>(note anything can change in any dog/cat or animal when leaving the Haven, we should be notified of anything so as to assist where needed)</i></p>	
<p>What are your thoughts on obedience training?</p>	
<p>Are you willing to take your dog/puppy to obedience class?</p>	
<p>Are you willing to house train your dog/puppy if not already trained?</p>	



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How would you train him/her?	
List types of behaviour problems you consider not acceptable (meaning you wouldn't be willing to work on or keep the dog)?	
What circumstances do you justify getting rid of your animal(s)?	
At what point would you consider euthanasia?	

Additional information you would like to provide about yourself, your family and/or the animal you would like to adopt.	
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If the animal you were interested in was already adopted would you consider looking with us for another dog/puppy of your choice?	
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ADOPTION AGREEMENT CONTRACT	
By checking yes, you agree that you have read, understand and will adhere to everything noted in the first three pages.	<input type="checkbox"/> YES
By checking yes, you agree that you understand the importance of sterilization and that he/she will need to be sterilized at 6 months of age (for a pup adopted under that age) as well as your other pets if they are not already. And that you will keep the vaccinations and deworming of your companion always up to date.	<input type="checkbox"/> YES
By checking yes, you agree that the animal will not be used in any illegal activities.	<input type="checkbox"/> YES
By checking yes, you agree that the dog will be kept as a house pet and part of the family.	<input type="checkbox"/> YES
By checking yes, you agree that if you're approved you will review and agree to an adoption contract.	<input type="checkbox"/> YES
By checking yes, you agree that if you ever need to relinquish the animal during its life, you will contact us for its surrender, as it cannot be sold, given away or handed down to another individual or organization	<input type="checkbox"/> YES
By checking yes, you acknowledge that the adoption fee will not be refunded, should the animal be returned to the care of Dead Animals Walking and that the animal will be given a fair chance to settle in during a 14 day period.	<input type="checkbox"/> YES
By checking yes, you agree that you will be responsible for ALL medical expenses. This includes emergencies, routine procedures, annual checkups, vaccinations and ALL other medical expenses that might be occurred once you have adopted.	<input type="checkbox"/> YES



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By checking yes, you agree to inform the Dead Animals Walking of any change of contact details including physical address.	<input type="checkbox"/> YES
By checking yes, you agree to allow the Dead Animals Walking permission to do unannounced follow-up home checks for the lifetime of the adopted animal.	<input type="checkbox"/> YES
Lastly, by checking yes to all the above you are entering not only into an application but a legally binding contract if approved for adoption.	<input type="checkbox"/> YES

I, \_\_\_\_\_ hereby confirm that I understand the above said and the information provided is true and correct.

Signature \_\_\_\_\_

Please return the entire document via email to [info@deadanimalwalking@gmail.com](mailto:info@deadanimalwalking@gmail.com)

**Adoption Fee to be paid to :**

Dead Animals Walking  
 FNB Cheque Account 62558850634  
 Branch 250655

Ref: Name of your rescue and Adoption Fee  
 Swift Code: FIRNZAJJ

Pawlease email proof to [info@deadanimalswalking.co.za](mailto:info@deadanimalswalking.co.za).

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<b>FOR OFFICE USE ONLY:</b>		
<b>ASM Code</b>		
<b>Vaccinated</b>		<b>Date :</b>
<b>Dewormed</b>		<b>Date :</b>
<b>Sterilized</b>		<b>Date :</b>
<b>Additional treatment</b>		<b>Date :</b>



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