



www.fallenangels.org.za
 info@fallenangels.org.za
 Shireen: 076 993 9670
 Gayl: 084 688 7111

ADOPTION CONTRACT

**Adoption fees:
R850**

includes, vaccinations up to date of adoption, microchipping, sterilisation(with our vets)

| | |
|---------------------------|--|
| Homecheck approved | |
| Adoption fee paid | |
| Vet book given | |
| Sterilized | |
| Due date (if not steried) | |
| Micro-chipped | |

| | | | |
|--|---------------------------------|----------|-----------------------|
| Fur Angel's Name and Age: | CANINE <input type="checkbox"/> | | |
| | FELINE <input type="checkbox"/> | | |
| Your Name and Surname | | | |
| Address where pet will live | | | |
| Contact Number: | Cell 1 | Cell 2 | |
| Contact Email Address: | Email 1 | Email 2 | |
| I.D. Number/s: | | | |
| Would you like to be on our mailing list? | Yes | No | |
| Ages of children staying in your home? | | | |
| Do you have other Animals? How many? | DOGS | CATS | OTHER |
| Age(s) & Gender(s) | | | |
| | | | |
| Sterilised YES OR NO? | | | |
| If not sterilised please provide a reason? | | | |
| Did any of your animals have a litter before sterilisation? | | | |
| Are your pets (cats & dogs) fully vaccinated? | | | |
| What diet are your pets on? | | | |
| Quantity hours pet would be alone for during the day? | | | |
| If someone is at home during the day, who are they and for how long ? | | | |
| Reason you want to adopt a dog/cat? | Gift | Watchdog | Breeding Companion |
| Have you ever surrendered your animal to a rescue org or given a pet away? If so, Why? | | | |
| What happened with previous pets? | | | |
| Have any of your companions gone missing? | | | |
| Are you prepared to provide a PERMANENT home for the duration of this animals life? | | | |
| Are you willing to teach your pet about digging, chewing, potty training, etc? | | | |
| Who is responsible for your pets when you go on holiday? | | | |
| What will happen to your pets should your circumstances change? Ie. Loss of job / move into a place that does not allow animals? | | | |
| Where will the dog /cat sleep at night? | Inside | Outside | |

| | | | | | | | | | | |
|---|------------------|--|---------------|--|------------------------------|--|---------------------|----------|-------------|----|
| If outside, what shelter will be provided? | | | | | | | | | | |
| If animal will sleep outside, will they be allowed inside and when? | | | | | | | | | | |
| Do you have a FENCED / GATED yard? | | | | | | | | | | |
| Do you have a pool. If YES, is the pool secure? | | | | | | | | | | |
| How often will feeding take place? | | | | | | | | | | |
| What size garden will the animal have? | Small | | Medium | | Large | | | | | |
| Do you have time to play, walk & groom your dog/cat ? | | | | | | | | | | |
| Have any animal died on your premises due to Parvo / Distemper? If so, how long ago? | | | | | | | | | | |
| Are you able to provide Vet care, quality pet food, & grooming for your pet? | | | | | | | | | | |
| Type of housing? | Relatives | | Flat | | House | | Smallholding | | Farm | |
| | Own | | Rent | | Landlord's permission | | Y | N | | |
| Do you have your own transport? | | | | | | | | | | |
| Do you understand that your pet must be vaccinated yearly, dewormed every 6 months at least and be treated for ticks and fleas every month (at your own cost)? | | | | | | | | | Yes | No |
| Do you understand that your pet MUST be sterilized at the age of 6 months old | | | | | | | | | | |
| REF 1 :Name | | | | | | | | | | |
| Relationship to you | | | | | | | | | | |
| Address | | | | | | | | | | |
| Cell and Landline | | | | | | | | | | |
| Email address | | | | | | | | | | |
| | | | | | | | | | | |
| REF 2 :Name | | | | | | | | | | |
| Relationship to you | | | | | | | | | | |
| Address | | | | | | | | | | |
| Cell and Landline | | | | | | | | | | |
| Email address | | | | | | | | | | |

PLEASE READ THROUGH CAREFULLY BEFORE TAKING YOUR COMPANION HOME
THIS IS A LEGAL DOCUMENT

1. AT HOME:

- 1.1. The applicant promises to love their new companion. They promise to make sure the animal/s is/are comfortable with suitable shelter and that fresh food and water is provided at least twice per day.
- 1.2. The applicant undertakes to keep the new companion properly enclosed (preferably indoors) for a time frame as long as may be required, as this may vary from pet to pet, for the new companion to become accustomed to its new surroundings.
- 1.3. The applicant understands that the animal/s **MAY NOT** be chained or fastened under any circumstances.
- 1.4. The applicant agrees to random checks (using satellites or physical ones, or background checks) by **FALLEN Angels** in order that the organisation can confirm that the animal/s is/are receiving suitable housing and care.
- 1.5. The applicant undertakes to provide the pet with positive identification **AND** a contact telephone number **IMMEDIATELY** after adopting the new pet – such identification should at least entail a collar and name tag suitably fitted to the pet, or micro-chipping would be preferable as an additional method of identification.

2. VACCINATIONS AND STERILISATION:

- 2.1. The applicant undertakes to fully vaccinate the adopted animal and maintain the vaccinations as per the vet card.

2.2. The applicant undertakes to sterilise the adopted animal through FALLEN Angels at our monthly welfare mass sterilisation day at 6 months of age. Should the applicant adopt an un-sterilised older animal, arrangements will be made to sterilise the animal as soon as possible via FALLEN Angels. PLEASE NOTE: Our sterilization days are NOT done at a private vet practice but at a MASS STERILIZATION DAY at a booked hall. You are welcome to stay with your pet when they are in recovery.

PLEASE CONTACT Charmaine on 073 816 5585 or charmaine@fallenangels.org.za to book your appointment.

2.3. Should your own vet be used, proof of sterilization needs to be emailed through to charmaine@fallenangels.org.za

3. **If for any reason, the applicant decides that he/she no longer wants the animal/s, the animal/s will not be placed in a new home without the permission/knowledge of FALLEN Angels.**
4. **The applicant understands that FALLEN Angels has the right to remove the animal/s should the applicant fail to comply with the rules and regulations as stipulated in this document.**
5. Please be aware: You are adopting a rescued animal, of which we have no idea of their history and we cannot anticipate any medical conditions. We do quarantine all animals on arrival but some conditions cannot be foreseen. We do take every precaution to ensure the animal is healthy and you are made aware of any pre-existing conditions. We **cannot be held liable or responsible for any health issues or related expenses that do arise after adoption.**

I have read and understand this document.

Signed on the.....day of 20..... at

Applicant's signature:..... Full name

Fallen Angels signature:..... Full Name:.....

THANK YOU FOR CHANGING THIS FUR ANGEL'S WORLD!!!

Homecheck

| | |
|--|--|
| Homecheck done by | |
| Time & Date of Visit | |
| Type of Home (complex /townhouse/ home | |
| Is there a yard/garden. What is the size? | |
| Does the yard of the home look well-cared for & secure? | |
| Fenced/walled/elec fence and gate? Can pet fit through? | |
| Are there any other pets on the property and their condition? | |
| Are there any children and do they have experience with animals/do they show interest? | |
| Where will the pet stay when no one is at home? | |
| Where will the pet sleep? | |
| DO YOU APPROVE THIS APPLICANT (final approval through F.A. only) | |

To be given to New Family

Date: _____

Received from: _____

For: _____

Received by: _____



R

Thank you.

ANY QUERIES, CONTACT US:
info@fallenangels.org.za
Shireen: 076 993 9670
Gayl: 084 688 7111



CONGRATULATIONS ON YOUR SUCCESSFUL ADOPTION!

You have agreed to the following conditions:

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6. Don't forget to send us cute photos of your new pet once he/she has settled.

HOW TO DONATE

| | | |
|--|--|--------------------|
| DIRECT DEPOSIT FA Pet Rescue FNB Branch: 203809 Acc: 626 339 77113 Swift: FIRNZAJXXX Ref: Your Name | DEBIT ORDER email gayl@fallenangels.org.za to send you a debit order form | zapper™ |
| PAYPAL info@fallenangels.org.za | SMS LINE 48748 to donate R10 40580 to donate R20 sms "Donate Angel" <small>(SA Network Rates apply No Free minutes)</small> | |