TEST AND DEMO SPCA

20A Village Road, Kloof
Tel: 0312611234
E-mail: application.support@welfaretracker.org

PET ADOPTION CONTRACT AND RECEIPT

ADOPTION No. AD1243654
ADMISSION No. AHJ309104

Name: JACK JACKSON
Address Physical: 67, ACUTTS DRIVE, PINETOWN NU, HILLCREST, 3650
Address Postal: 67, ACUTTS DRIVE, PINETOWN NU, HILLCREST, 3650
Address Business:
Telephone No. (Home) 0721115546 (Business)
Cell No. E-mail:
ID / Passport / Pension No:
Vehicle Registration No:

I am adopting the following pet from the SPCA:

Type: DOGS Age:
Breed: ROTTWEILER Colour:
Gender: Unspecified Name:

INOCULATION DETAILS: See vet card

Microchip number:

Payment in respect of the above adoption is hereby acknowledged R

This pet has been given to you in the firm and confident belief that it will recieve a good home with responsible and loving care.\nOwnership of a pet yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the pet has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities. I do hereby confirm and undertake that:

1. I am over eighteen (18) years of age.
2. I will not part with possession of my pet except to return it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to the SPCA all costs which tthey may incur in obtaining conformation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs if an attorney and client scale, in recovering possession of the animal.
3. I will give my pet a fair chance to adjust to its new home.
4. I understand that donations are not refundable or transferable.
5. I will feed and house my pet to the Society's satisfaction.
6. I will not chain or cage my pet, and understand that if it is found chained or caged, it will be removed from my care immediately.
7. I can afford the services of a private veterinary practioner.
8. I will ensure that vaccinations are kept up to date and in the
9. I understand that in the case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society, to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
10. I will ensure that my pet is sterilised as stipulated by the Society.
11. I will identify my dog with a collar and identification tag - only elasticised collars may be used for cats.
12. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
13. I will notify the Society within forty-eight (48) hours should my pet die or go missing.
14. I know and understand the "By-Laws Pertaining to Dogs" og the municipality in which I reside.
15. I will permit an authorised officer of the Society to visit my premises from time to time, to be assured that my pet is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
16. I will not use or allow my pet to be used as a watchdog on any industrial or commercial premises.
17. I will notify the Society of any change of address via email to
18. The Adopter shall NOT under any circumstances rehome his pet, this pet must be returned to
19. The Adopter hereby confirms that he/she has not been suspended from the membership of the society or any other similar Welfare Society, nor have they been charged in a Court

I confirm that I have given permission to process my personal information for the purpose of this document, I understand that I have the right to request that it be edited or deleted.

I sign in the presence of KEVIN CAINE on behalf of

Sign Dated: 2026-04-21

N.B. Spay/Neuter Date: Return for Spay/Neuter:
(SEE STERILISATION CONTRACT)