

ADMISSION, ASSESSMENT AND HISTORY RECORD

AEEG15245



KENNEL No. <u>Boarding 2</u>				ADMISSION No. <u>13573</u>		
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in <u>13/04/22</u>		Time in <u>14h20</u>		Date for release		

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☐ Yes ☒ No	Lost & Found Date checked
Microchip / Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>13/04/22</u>	Microchip or ID Tag number	<u>900141000187215</u>

DESCRIPTION & HISTORY	☒ Dog	☐ Cat	Other species (Specify)		
	Breed	<u>Boerboel x</u>		Colour and Markings	<u>Brindle</u>
	Condition	<u>Good</u>		Sex	<u>Male</u>
	Temperament	<u>Good</u>		Age	<u>± 12 weeks</u>
	Coat	Tail	Teeth Condition	Sterilisation details	Name
	<u>Short</u>	<u>Long</u>	<u>Good</u>	<u>No</u>	<u>James</u>
	Ears	Size	Date		
	<u>Down</u>	<u>Small</u>	<u>13/04/22</u>		
Area found / collected from		<u>Cnr Olga + Lapping Rd</u>			
Reason for surrender		<u>Stray</u>			

ASSESSMENT			Surrendered by ☒ Name <u>Lindsay Putter</u>		
GOOD WITH: Yes No			Found by ☒ Name <u>Lindsay Putter</u>		
Children			Residential Address <u>Unit 10, 86 Koot Street, Withak Estate</u>		
Cats			Postal Address <u>As Above</u>		
Other Dogs			Tel (H) <u>/</u> Tel (W) <u>/</u> Cell <u>082 523 9132</u>		
Livestock/other			Email <u>lindsay.putter@gmail.com</u>		
DO THEY: Yes No			Donation R ☐ Cash ☐ Card ☐ EFT ☐ (Receipt No.)		
Jump Fences			PLEASE INSIST ON A RECEIPT		
Run Away					
COMMENTS:					

Confiscated: OB No: _____ Case No: _____ Inspector: _____

STATEMENT OF SURRENDER	
I do hereby certify that I DO / I DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray and I DO / DO NOT know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age. Also see 'Conditions' on reversed side.	Hiermee verklaar ek dat ek hierbo beskryf BESIT / NIE BESIT NIE, dat dit 'n RONDLOPER / NIE RONDLOPER NIE is, en dat ek WEET / NIE WEET waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdruklik ooreengekom dat nóg die DBV nóg sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e nie. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. Sien ook die 'Voorwaardes' op die agterblad.
Signature <u>Lindsay Putter</u>	Witness for Society <u>[Signature]</u>

FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant <u>C. Herbst</u>	Details of second Applicant
	Details of third Applicant

Claimed ☐ Adopted ☒ Euthanased ☐ Died ☐ Other ☐ On Date: 20/05/22



BRAKPAN SPCA
ADOPTION APPLICATION

DEPOSIT INVOICE #: 9595

ADOPTION FEE INVOICE #: 9721

PLEASE NOTE: THIS IS A LEGAL DOCUMENT

R100 IS PAYABLE AS A NON-
REFUNDABLE DEPOSIT.

ONLY ONCE A DEPOSIT HAS BEEN PAID, THE ANIMAL YOU ARE APPLYING FOR WILL BE RESERVED.
WE RETAIN THE RIGHT TO TURN DOWN AND DENY THIS APPLICATION AT OUR OWN DISCRETION.

FOR OFFICE USE

EMAIL: Kriekecilia20@gmail.com DATE: 29/4/22 TIME: 18:30

NOTES: Boxer x 2

Date: 29/04/22

Admission Form No: 13513

Kennel No: 04

Breed: Boxer

Approved ♥

PLEASE READ CAREFULLY AND ANSWER EVERY QUESTION ACCURATELY AND TRUTHFULLY.

IF YOUR APPLICATION IS INCOMPLETE, YOUR APPLICATION WILL BE DENIED.

IF THE ADOPTION PAYMENT HAS NOT BEEN MADE WITHIN 48 HOURS OF YOUR PROPERTY CHECK HAVING BEEN DONE, YOUR
APPLICATION WILL BE TERMINATED

Title: Mrs Name and Surname: Cecilia Herbst

Identity Number: 9309020056087 Occupation: Procurement Manager

Residential Address: 53 Berdina Str, Brackenclaws, Alberton

Town: _____

Tel (Home): - Tel (Work): 011 90822724

Tel (Cell 1): 0836503745 Tel (Cell 2): _____

Email: Kriekecilia20@gmail.com

Do You Run A Business From Your Home:

YES

☐

NO

☒

Is Your Property Properly Enclosed With A Fence / Wall:

YES

☒

NO

☐

Height Of Fencing / Walling: Pollside Type Of Fencing / Walling: Pollside

Do you have a swimming pool:

YES

☒

NO

☐

Have You Previously Adopted From An SPCA:

YES

☒

NO

☐

If YES, Which Branch: Alberton When Did You Adopt From The SPCA: 2013

What Breed Of Dog/Cat Are you Interested In: 2x Boxers

Who Are You Adopting The Animal For: Myself

Reason For Wanting An Animal: Grow my family

What Kind Of Food Will You Feed Your New Pet: Vital

Will You Ever Chain A Dog:

YES

☐

NO

☒

Will the animal be used for security purposes:

YES

☐

NO

☒

How Many Pets Do You Currently Own:

Dogs: 2 Cats: _____ Other: _____

Details of Animals On Your Property:

(STERILISED ANIMALS ARE UNABLE TO HAVE PUPPIES / KITTENS)

BREED: <u>Jackrussel</u>	M	☒	F	☐	STERILISED: YES	☒	NO	☐
BREED: <u>Jack russel</u>	M	☐	F	☒	STERILISED: YES	☒	NO	☐
BREED: _____	M	☐	F	☐	STERILISED: YES	☐	NO	☐
BREED: _____	M	☐	F	☐	STERILISED: YES	☐	NO	☐
BREED: _____	M	☐	F	☐	STERILISED: YES	☐	NO	☐
BREED: _____	M	☐	F	☐	STERILISED: YES	☐	NO	☐

Have You Ever Owned An Animal Which Has Died From The Following?

Distemper / Gastro-Enteritis / Parvovirus / Snuffles / Biliary

YES ☐ NO ☒

Can Afford Private Veterinary Fees:

YES ☒ NO ☐

Who Is Your Current Veterinarian: Brockerhurst Vet.

What Happened To Any previous Pets You Have Owned?

DIED OF ILLNESS ☐ OLD AGE ☒ RUN AWAY ☐ GIVEN AWAY ☐ OTHER: _____

I Would Like The Animal To Sleep Outside	YES	☒	NO
I Would like an affectionate animal	☒	YES	NO
I would like an aggressive animal	YES	☒	NO
I would like an animal that is good with other dogs / cats	☒	YES	NO
I would like an animal that needs grooming:	DAILY	☒	MONTHLY
I have experience with training	☒	YES	NO
Someone is at home:	FULL DAY	☒	HALF DAY
			SELF-GROOMING
			BASIC BEHAVIOUR
			NIGHTS & WEEKENDS

PLEASE NOTE:

- IF YOU LIVE IN A TOWNHOUSE / COMPLEX / RENTED PROPERTY, WE WILL REQUIRE A LETTER FROM YOUR BODY CORPORATE ALLOWING YOU PERMISSION TO ADOPT THE ANIMAL. CL Pls Initial
- CERTAIN BREEDS WILL REQUIRE A COMPATIBILITY TEST WITH THE PETS YOU CURRENTLY OWN. YOU WILL NEED TO BRING YOUR ANIMALS IN IF REQUESTED TO DO SO. CL Pls Initial
- WE WILL TRY OUR BEST TO CONDUCT YOUR PROPERTY CHECK WITHIN 48 HOURS BUT PLEASE UNDERSTAND THAT WE DO HAVE CRUELTY COMPLAINTS TO ATTEND TO, WHICH DO TAKE PREFERENCE. CL Pls Initial
- IN THE EVENT OF YOU LIVING IN AN AREA OUTSIDE OF BRAKPAN, WE CANNOT BE HELD RESPONSIBLE FOR THE TIME IT TAKES FOR YOUR LOCAL SPCA TO CONDUCT THE PROPERTY CHECK. CL Pls Initial
- THE DOCUMENTATION REQUIRED TO COMPLETE YOUR APPLICATION MUST BE SENT TO THE BRAKPAN SPCA WITHIN 48 HOURS OF SIGNING THE APPLICATION, FAILURE TO COMPLY WILL RESULT IN THE APPLICATION BEING CANCELLED. CL Pls Initial

Owners Signature

Brakpan SPCA Witness

I.D. - Copy	MUST SEND	PROOF OF RESIDENCE	MUST SEND	Approval to own an animal (if Applicable)	MUST SEND
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How Many Pets Do You Currently Own:

Dogs: 2 Cats: _____ Other: _____

Details of Animals On Your Property:

(STERILISED ANIMALS ARE UNABLE TO HAVE PUPPIES / KITTENS)

BREED: <u>Jodcrussel</u>	M	☒	F	☐	STERILISED: YES	☒	NO	☐
BREED: <u>Jack russel</u>	M	☐	F	☒	STERILISED: YES	☒	NO	☐
BREED: _____	M	☐	F	☐	STERILISED: YES	☐	NO	☐
BREED: _____	M	☐	F	☐	STERILISED: YES	☐	NO	☐
BREED: _____	M	☐	F	☐	STERILISED: YES	☐	NO	☐
BREED: _____	M	☐	F	☐	STERILISED: YES	☐	NO	☐

Have You Ever Owned An Animal Which Has Died From The Following?

Distemper / Gastro-Enteritis / Parvovirus / Snuffles / Biliary

YES ☐ NO ☒

Can Afford Private Veterinary Fees:

YES ☒ NO ☐

Who Is Your Current Veterinarian: Brackenhurst Vet.

What Happened To Any previous Pets You Have Owned?

DIED OF ILLNESS ☐ OLD AGE ☒ RUN AWAY ☐ GIVEN AWAY ☐ OTHER: _____

I Would Like The Animal To Sleep Outside	YES	NO	
I Would like an affectionate animal	YES	NO	
I would like an aggressive animal	YES	NO	
I would like an animal that is good with other dogs / cats	YES	NO	
I would like an animal that needs grooming:	DAILY	MONTHLY	SELF-GROOMING
I have experience with training	YES	NO	BASIC BEHAVIOUR
Someone is at home:	FULL DAY	HALF DAY	NIGHTS & WEEKENDS

PLEASE NOTE:

- IF YOU LIVE IN A TOWNHOUSE / COMPLEX / RENTED PROPERTY, WE WILL REQUIRE A LETTER FROM YOUR BODY CORPORATE ALLOWING YOU PERMISSION TO ADOPT THE ANIMAL. CL Pls Initial
- CERTAIN BREEDS WILL REQUIRE A COMPATIBILITY TEST WITH THE PETS YOU CURRENTLY OWN. YOU WILL NEED TO BRING YOUR ANIMALS IN IF REQUESTED TO DO SO. CL Pls Initial
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Owners Signature

Brakpan SPCA Witness

I.D. - Copy	MUST SEND	PROOF OF RESIDENCE	MUST SEND	Approval to own an animal (if Applicable)	MUST SEND
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AGENCY/LANDLORDS NOMINATED BANK ACCOUNT :

1.13	NAME OF ACCOUNT HOLDER :	Applewood Trading 178 PTY Ltd
	BANK :	ABSA
	BRANCH CODE :	632005
	ACCOUNT NUMBER :	4099838187
	PAYMENT REFERENCE :	NAME OF THE PROPERTY

LANDLORDS ADDRESS(ES) :

1.14	PHYSICAL :	28 BAUHINIA STREET, RAND WATER ZWARTKOPJES
	POSTAL :	PRIVATE BAG X01 MONDEOR 2110
	BRANCH CODE :	
	CONTACT NUMBER(S) :	082 521 5308
	EMAIL ADDRESS :	sithembile.khumalo@gmail.com

TENANTS ADDRESS(ES) :

1.15	PHYSICAL :	67 Rae Frankel street, Brackendowns, Albeton
	POSTAL :	Same as physical
	BRANCH CODE :	670010
	CONTACT NUMBER(S) :	083 650 3745
	EMAIL ADDRESS :	krielcecilia20@gmail.com

1.16	LEASE START DATE :	1 MAY 2022	
1.17	LEASE END DATE :	31 MARCH 2023	KEY RETURN DATE : BY ARRANGE- TIME: MENT
1.18	RENEWAL LEASE PERIOD :	1 YEAR	

1.19	WAS THE TENANT APPROACHED DIRECTLY BY THE LANDLORD TO LEASE THIS PROPERTY:	☒ Y	☐ NX
1.20	MAXIMUM PENALTY FEE LIMITED TO NOT MORE THAN :	1 MONTH'S RENTAL	
1.21	OTHER PROVISIONS / CONDITIONS :		

LANDLORD SIGNATURE :

AGENT SIGNATURE:

DATE: 01/01/22

TENANT SIGNATURE :

WITNESS SIGNATURE :

The Better Choice



REPUBLIC OF SOUTH AFRICA NATIONAL IDENTITY CARD

Surname:

HERBST

Names:

CECILIA RIAANNA

Sex:

F

Nationality:

RSA

Identity Number:

9309020056087

Date of Birth:

02 SEP 1993

Country of Birth:

RSA

Status:

CITIZEN



Signature:

A handwritten signature in black ink, appearing to read 'Cecilia Herbst'.



LEASE AGREEMENT

SCHEDULE TO THE LEASE :

GENERAL DETAILS		
1.1	THE AGENT :	DESIRE' HIDE
1.2	THE LANDLORD :	SITHEMBILE KHUMALO
	REGISTRATION NO/ IDENTITY NO :	8808080039083
	VAT REGISTRATION NO :	
1.3	THE TENANT :	Cecilia & Wilhelm Herbst
	REGISTRATION NO/ IDENTITY NO :	9309020086087 & 880505511086
1.4	THE PROPERTY :	53 BENDOR STREET, BRACKENDOWNS
1.5	FULL NAMES AND MAXIMUM NUMBER OF OCCUPANTS FOR THESE PREMISES: Cecilia Rianna Herbst Wilhelm Cornelius Herbst Leah Herbst Liamie Herbst Rose Powell	

TENANT COSTS		
1.6	MONTHLY RENT:	R11 500
1.7	DAMAGES DEPOSIT :	R11 500
	KEY DEPOSIT :	0
	UTILITIES DEPOSIT :	
1.8	LEASE PREPERATION FEE:	R1150 (incl. VAT)
1.9	INGOING / OUTGOING INSPECTIONS :	R1150 incl. VAT (R575 X 2))
1.10	ITC / CREDIT CHECK FEES :	R150.00 paid
1.11	OTHER COSTS :	
1.12	ANNUAL RENTAL ESCALATION :	TO BE ADVISED

ADMISSION, ASSESSMENT AND HISTORY RECORD



KENNEL No. <u>Boarding 2</u>				ADMISSION No. <u>13573</u>		
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in	<u>13/04/22</u>		Time in	<u>14h20</u>	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☐ Yes ☐ No	Lost & Found Date checked
Microchip / Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>13/04/22</u>	Microchip or ID Tag number	

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify)			
	Breed	<u>Boerboel x</u>		Colour and Markings	<u>Brindle</u>	
	Condition	<u>Good</u>		Sex	<u>Male</u>	Age <u>± 12 weeks</u>
	Temperament	<u>Good</u>		Sterilisation details	<u>No</u>	Name <u>James</u>
	Coat	Tail	Teeth Condition	Ears	Size	
	<u>Short</u>	<u>Long</u>	<u>Good</u>	<u>Down</u>	<u>Small</u>	
	Area found / collected from	<u>Cnr Olga + Lapping Rd</u>				Date <u>13/04/22</u>
Reason for surrender <u>Stray</u>						

ASSESSMENT			Surrendered by ☒ Name <u>Lindsay Putter</u>			
GOOD WITH: Yes No			Found by ☒ Name <u>Lindsay Putter</u>			
Children	☐	☐	Residential Address <u>Unit 10, 86 Koop Street, Withak Estate</u>			
Cats	☐	☐				
Other Dogs	☐	☐				
Livestock/other	☐	☐				
DO THEY: Yes No			Postal Address <u>As Above</u>			
Jump Fences	☐	☐	Tel (H) <u>/</u>		Tel (W) <u>/</u>	
Run Away	☐	☐			Cell <u>082 523 9132</u>	
COMMENTS:			Email <u>lindsay.putter@gmail.com</u>			
			Donation R		Cash	Card
					EFT	(Receipt No.)
PLEASE INSIST ON A RECEIPT						

Confiscated: OB No: _____ Case No: _____ Inspector: _____

STATEMENT OF SURRENDER	
I do hereby certify that I DO / I DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray and I DO NOT know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age. Also see 'Conditions' on reversed side.	Hiermee verklaar ek dat ek dier/e hierbo beskryf BESIT / NIE BESIT NIE, dat dit 'n RONDLOPER / NIE RONDLOPER NIE is, en dat ek WEET / NIE WEET waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdruklik ooreengekom dat nóg die DBV nóg sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e nie. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. Sien ook die 'Voorwaardes' op die agterblad.
Signature <u>L. Putter</u>	Witness for Society <u>[Signature]</u>

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

Printed October 2016

Section 4-12 : FORM A



PRE AND POST HOME INSPECTION FORM

PASSED:

☒ YES ☐ NO

DATE UNDERTAKEN:

06/05/2022

TIME:

11h14

NAME OF APPLICANT:

Mrs Cecilia Herbst

ADDRESS:

53 Bendor Street, Brackendowns
Alberton

HOME TEL No:

CELL No:

ANIMAL(S) ADOPTING:

Boorboel x 2 x (Brindle)

SEX:

Male & female

AGE:

12 weeks

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence:	Palesade		Height of fence: 6 feet
Any sign of Kennel/Shelter?	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☒ / NO ☐	If yes, what partitioning?	
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify:	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property?	2

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Jack	Jack			
SEX	male	female			
AGE	8yrs	8yrs			
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



SMALL DOGS



CATS



MEDIUM DOGS



EQUINE



LARGE DOGS



OTHER (specify)

INSPECTED BY:

S. Letsoalo

SPCA:

Alberton

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Gate

Garage

House

Backyard Gate

Gate

Back yard

Society for the Prevention Dierebeskermings- of Cruelty to Animals vereniging



Incorporated Association not for gain – Ingelyfde Vereniging sonder winsoogmerk
KENNELS/HOKKE: 96 DENNE RD/WEG, WITPOORT, BRAKPAN

Reg. No. 001-910 NPO

☐ 407
Brakpan
1540
☎ 011 742 2007
011 743 1076
083 696 9052

STERILISATION CONTRACT

ADOPTION ☒ ALIMONY ☐ OUTREACH ☐ MEDICAL ☐ CLAIMED ☐

DATE: 11/05/22 ADMISSION NUMBER: 13573

NAME & SURNAME: Cecilia Herbst

ADDRESS: 53 Bendor Street, Bracken Downs, Alberton

CELL NUMBER: _____ E-MAIL ADDRESS: _____

PET INSURANCE: YES / NO

DOG ☒ CAT ☐ BREED: Bearded x AGE: 4 months GENDER: M

NAME OF ANIMAL: _____ DESCRIPTION: Brindle FULLY VACCINATED: YES ☒ NO ☐

Is your dog/cat pregnant? YES ☒ NO ☐ Is your dog/cat on heat? YES ☒ NO ☐ SPAY ☒ NEUTER ☐

Does your dog/cat have vaginal discharge? YES ☒ NO ☐ STERILISATION DATE: 11/05/22

HISTORY

Any prior procedure using anesthetic? If so, please give date and nature of procedure:

N/A

Any medical conditions (e.g. diabetes, epilepsy or problems with anesthetic)?

N/A

Any current medication? N/A Microchip: _____

TERMS & CONDITIONS OF STERILISATION

1. If the adopted animal is not sterilised on the due date mentioned above, the SPCA reserves the right to enter the above property and confiscate the animal. No money will be refunded.
2. The adopted animal cannot be passed on to a new owner. Please see clause 2 of the adoption contract.
3. The SPCA and its Veterinarian will not be held liable for any loss, theft, sickness, injury or death of any animal admitted for sterilisation. All reasonable precaution will be taken whilst the animal is in the SPCA's care. The SPCA does not have overnight staff to monitor animals after surgery.
4. It is understood that the signature on this document is that of the legal owner of the animal. Should it not be that of the legal owner, you are advised that you will have no legal recourse to take any action against the SPCA.
5. Failure to collect and pay the outstanding monies within (7) days of the animal's sterilization date shall result in the SPCA considering the animal to have been abandoned and they shall do with the animal as they deem fit. No further correspondence shall be entered into.
6. I understand that any procedure involving anesthetic does carry certain risks for the animal involved even though all reasonable precaution will be taken whilst the animal is in the care of the SPCA. I further understand that the SPCA Clinic is not equipped to deal with emergencies to the same extent as most private veterinary practices.
7. **Should your dog/cat be found to be pregnant/on heat/pyometra during sterilisation, a MINIMUM of R300-00 surcharge will apply.**
8. It is not a requirement that the Boksburg SPCA signs this contract for it to be effective and it will come into effect on the owner's/adopters signature.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of Owner/Adopter: _____

IDENTIPET REGISTRATION FORM**NB**SUCCESSFUL RECOVERIES DEPEND ON
ACCURATE AND COMPLETE INFORMATION

900141000187215

Microchip Number

**PLEASE COMPLETE ALL INFORMATION ACCURATE
OWNER INFORMATION**

#13573

Mr / Mrs / Miss / Dr

Cecilia Hubst

I.D Number

9309020056087

Residential
Address

63 Benda Street

Brooklands

Alberton

Download the Identipet mobile App
from your Play / App store today.
Sign up to be part of our pet rescuer
network**Identipet**
SINCE 1989

Home number

Work Number

Cell Number

Alternative number

Email address

kielececi11020@gmail.com

YOUR PETS INFORMATION

Type of Animal	Dog	Cat	Horse	Bird	Reptile	Game	Other Specify
Name of Animal	Max				Breed	Boxer	
Description / Colour	Brown / Black				Sex	M	F
Sterilized	Y	N	Date of Birth		2022		

MICROCHIP IMPLANTER INFORMATION

Implanter Name	Date of Implant
I certify that I have today implanted the above described animal in the prescribed implant site with the implant number as recorded above.	20/05/22
Microchip Implanter's Signature	Microchip Implanter's P.I.N Number
This implant carries a lifetime guarantee Registration is included free of charge I agree to receive communication regarding Identipet services I agree to ensure that my details stays up to date See reverse for conditions of sale	
I accept the conditions of Sale Owner's Signature	

Original copy - IDENTIPET

Second copy - IMPLANTER

Last copy - OWNER

Register online, email or Mobile App: www.identipet.com • Info@identipet.com
Identipet, P.O. Box 215, Lanseria 1748 • Fax: (086) 671-9189 • Tel: (011) 957-3456

READY STEADY PRINT 011 025 0657

BRAKPAN SPCA/MUNICIPAL POUND BRAKPAN DBV/MUNISIPALE SKUT

Tel: (011) 742-2007 / 743-1076 Fax: (011) 743-2196
P.O. Box 407 Brakpan 1540



ADMISSION No 13573

ADOPTION CONTRACT

UITPLASINGSKONTRAK

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal 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 the animal except to return it to the SPCA 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 pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been housed 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 on an attorney and client scale, in recovering possession of the animal.
- (3) I will give the animal a fair chance to adjust to its new home.
- (4) I understand donations are not refundable or transferable.
- (5) I will feed and house the animal to the Society's satisfaction.
- (6) I will not chain or cage the animal, 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 practitioner.
- (8) I will ensure that vaccinations are kept up to date and in the case of injury or illness, professional veterinary treatment will be provided.
- (9) The pet I am adopting has received an initial vaccination and has been de-wormed by the Brakpan SPCA. I am satisfied with the current health status of the animal I am adopting. I understand that should the animal fall ill after being adopted, I will not hold the SPCA liable for any vet bills that may be incurred. If problems arise with the sterilisation wound of the animal, I may bring the animal to the Society to be attended to by its veterinarian at no charge to myself.
- (10) I will ensure that the animal is sterilised as stipulated by the Society.
- (11) I will identify my dog with a collar and identification tag - only stainless steel collars must be used on dogs.
- (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 the animal die or go missing.
- (14) I know and understand the "By-Laws Pertaining to Dogs" of 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 the animal is being treated in accordance with this contract, and I will allow the Society to repossess the animal if in the Society's opinion, the terms of this contract are not being reasonably adhered to.
- (16) I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
- (17) I will notify the Society of any change of address or telephone number in writing by registered post within seven (7) days.
- (18) I undertake to take all reasonable steps to maintain the animal in a good and healthy state and to ensure the animal has adequate food and water at all times. Should the animal be found at any time in a condition which the Society, or its representative, is of the view is not healthy, then the Society may forthwith repossess the animal.
- (19) I undertake to refrain from surgically altering any part of the animal's body other than for medical reasons. I understand that cropping ears and docking tails for cosmetic reasons is against the Law.
- (20) I agree that if I breach any of the above terms, the SPCA will have the right to enter upon my property and take repossession of the animal. I will then forfeit all rights and claims to the animal, and will have no right of action or recovery against the SPCA for any reason whatsoever.

Hierdie diër is aan u oorhandig met die vertroue dat u die diër 'n goeie tuiste sal bied, met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n diër gee baie plezier en tevredenheid. Daar is ook verantwoordelikhed en verpligtinge wat nagekom moet word. Die feit dat hierdie diër in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

- (1) Ek ower as agtien (18) jaar is.
- (2) Indien ek vir enige rede nie langer die diër kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die diër te hou nie sal ek nie besit van die diër afstaan nie tensy ek dit aan die DBV teruggee. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkoste aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die diër by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkoste wat die DBV mag aangaan, insluitende die regsonekoste volgens 'n prokureur en klient skaal, in die terug verkryging van die diër.
- (3) Ek sal die diër 'n redelike kans gee om aan sy nuwe tuiste gewoon te raak.
- (4) Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- (5) Ek onderneem om die diër te versorg en te huisves na die Vereniging se tevredenheid.
- (6) Ek sal nie die diër vaskei of gehok hou nie, en aanvaar dat indien die diër wel in my besit vasgekei of gehok gevind word, die Vereniging dit dadelik sal verryder.
- (7) Ek kan die dienste van 'n privaat veeartsenik kundige bekostig.
- (8) Ek onderneem om die diër se nodige inspuitings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
- (9) Die diër wat ek aanneem het die nodige inspuitings en ontwormings ontvang en die diër is gesond deur die DBV. Ek is tevrede met die huidige status van die diër wat ek aanneem en ek verstaan dat as die diër siek word nadat ek die diër aangeneem het, dat ek nie die DBV vir enige rekeninge wat ek aangaan mag verantwoordlik hou nie. Sou die diër siek word as gevolg van die wond na sterilisasie, mag ek die diër na die DBV bring vir behandeling deur 'n veearts, die diens sal teen geen koste gelewer word.
- (10) Ek onderneem om toe te sien dat die diër gesteriliseer word soos deur die Vereniging voorgeskryf.
- (11) Ek onderneem om my hond te identifiseer met behulp van 'n halsband en naamplaatjies - slegs stalen plaatjies mag vir katte gebruik word.
- (12) My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- (13) Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die diër sterf of verlore raak.
- (14) Ek verstaan en eiken die "Verordeninge Aangaande Honde" van die Munisipaliteit waarin ek woonagtig is.
- (15) Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die diër wel versorg word soos in die Uitplasingkontrak uiteengesit is. Ek sal toelaat dat die Vereniging die diër in besit mag neem indien die beleid en reëls van die Uitplasingkontrak nie redelik nagekom word nie.
- (16) Ek sal nie die diër gebruik of toelaat dat die diër as 'n waghond gebruik word op enige industriële of kommersiële perseel nie.
- (17) Ek sal die Vereniging binne sewe (7) dae per geregistreerde pos in kennis stel van enige verandering van adres.
- (18) Ek onderneem om die diër in goeie gesondheid te hou en toe te sien dat die diër genoeg voedsel en water kry ten alle tye. Indien die diër teen enige tyd in 'n swak kondisie gevind word kan die Vereniging of sy verteenwoordiger die diër terugneem.
- (19) Ek onderneem om geen gedeelte van die diër se liggaam chirurgies te laat verander anders as vir mediese redes nie. Ek verstaan dat die sny van ore en sterte vir kosmetiese redes teen die Wet is.
- (20) Ek stem hiermee toe dat as ek in gebreke is van enige van die bowermelde voorwaardes, sal die DBV dan geregtig wees om my eiendom te betree, en die diër in my sorg terug te neem waarna ek geen reg tot enige aksie of eis teen die DBV vir enige rede hoegenaamd het nie.



900141000187215

ADOPTER/CLAIMANT

NAME-Prof/Dr/Mr/Mrs/Ms (including initials): C. R. Herbst
RESIDENTIAL ADDRESS: 53 Berckers Rd, Barendsburg, Alberton
RESIDENTIAL TELEPHONE No.: -
POSTAL ADDRESS: Same as physical
BUSINESS ADDRESS: -
BUS. TELEPHONE No.: 011 908 2724
DONATION/CHARGE FOR ANIMAL: R1100 CASH/CHEQUE/CARD RECEIPT No.: -
ID/PASSPORT/PENSION No.: 93090200508 VEHICLE REG. No.: PR75LS
SIGNATURE: [Signature] WITNESS FOR SOCIETY: [Signature]
DATE: 20/5/22