ADOPTION CHECKLIST

ADMISSION NO: MBY 4862

CONTRACT NO: MA00032T

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [x] Proof of Residence
- [x] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 19/09/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000356133

Adoptee INFO:

Name & Surname Mrs Anita Halekas

Contact INFO: 0833651501

Completed by: _____ Date: 20/09/2024

Manager: _____ Date: 20/09/2024

FUTURE POST HOME INSPECTION (every 6 Months)	
Date of Inspection	Date of Inspection

This checklist must be completed and attached to the front of every adoption that has been processes.

All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

BackHome®

Virb

* COMPULSORY
* PRINT INFORI

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER: 992003000356133

TOP COPY - PARTICIPATORY

Please note that it is the Pet Owner's responsibility to ensure that the Pet's detail are registered on the BackHome Database

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0833651501

Only mobile numbers in South Africa and Namibia will be receiving SMS notification

E-mail * anita.halekas@gmail.com

Title * MRS Initials * A Surname * HALEKAS

Street 9 SEENIMF STRAAT City

Suburb Area Code RHEEBOK

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

CHIP DETAILS

Registration Date * 30 - 09 - 24

Date of Implant * 19 - 09 - 24

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Person who implanted the Chip NDYEBO NGQELE

PET DETAILS

Pet Name JASMINE Year of Birth

Species * CANINE Breed * GREYHOUND X

Colour BROWN Markings

Gender Male (Female) Sterilised (Yes) No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registartion Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

The client hereby agrees that his / her personal Information hereln supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the Veterinarian and / or it's office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal inform VIRBAC (Supplier of the Chip), in order for Virbac to lodge the clients personal Information on their database for tracking purposes. The client also agrees that where other relevant institut trace a lost animal, and they use that code on Virbac's website they will be given the personal information of the owner of said animal. The client also agrees that his / her personal inform used by Virbac to forward him / her a Newsletter as well as to send him / her general information concerning pets. The client acknowledges that he / she has a right to object to the proces personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE

REGISTRATION PROCESS: Please use one of the following option to register on the BackHome database:

1. On-line Log onto www.backhome.co.za. Complete the registration process.

GEO. 11

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded by CO

DBV SPCA
Garden Route

KENNEL No.	Kitten 24.			ADMISSION No.	MBY4862	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	04/09/24		Time in	13h39	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	none.
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	04/09/24	Microchip or ID Tag number	none.

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify)	Rm. 32.		
Breed	Various	Colour and Markings	Brown.		
Condition	Fair.	Sex	F	Age	± 2yrs.
Temperament	Friendly	Sterilisation details	No.	Name	
Coat Short	Tail Long	Teeth Condition Good	Ears Down.	Size	M.
Area found / collected from	Broadway.			Date	04/09/24
Reason for surrender	Can afford to keep.				

ASSESSMENT

GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY	**Yes**	**No**
Jump Fences		
Run Away		

COMMENTS:

Surrendered by / Found by		Name	J. WOKEN		
Residential Address	273 Lavender Street. Broadway				
Postal Address					
Tel (H)	Tel (W)		Cell		
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: n/a Case No: n/a Inspector: Thembe

STATEMENT OF SURRENDER

I do hereby certify that **I DO / 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 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 uitdrukiik ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die "Voorwaardes" op die agterblad.**

Signature D.G. Woken	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.
2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.
3. Any charges endorsed hereon are due and payable on request.
4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging to bewerkstellig.
2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

_____

Tel No (h): _____ Tel No (w) _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID tag given 992003000356133 Date 20/09/2024

MEDICAL RECORD

Date	Remarks	Treatment	Cost
6/9/24	Triworm drobis NXT - Sept 2025		

PTS APPROVAL

NAME	SIGN

GARDEN ROUTE SPCA

ADOPTION VET CHECK - DR. DEMPSEY/DR SUZAAN

KENNEL	K 14	DATE	06/09/24
CARD NR	MBY4862	BREED	Grey hound x
COLOUR	BROWN	STRAY/DONATED	SURRENDER
ANIMAL NAME		MALE/FEMALE	FEMALE
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	

GENERAL HEALTH

EARS	/
EYES	/
TEETH	/
NOSE	/
LUNGS	/
HEART	/
ABDOMEN	/
HIP	/
SKIN & COAT	/
FIT FOR ADOPTION	YES
COMMENTS:	

Greyhound X - Jasmin.

MA00032T

992003000356133

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof of residence, proof that pets are allowed.

NAME - ~~Prof/Dr/Mr~~/Mrs/~~Ms~~ (including initials): MRS ANITA HALEKAS

HOME ADDRESS: 9 seemf Straat, Cheebok Village Estate, Greatbrak ID NO.: 5606140173088

POSTAL ADDRESS: SAME

TEL NO (H): _____ (B): _____

CELL NO: 0833651501 FAX NO: _____

E-MAIL: anita.halekas@gmail.com

Address where animal will be kept: ABOVE

Reason for wanting an animal: LOVE DOGS

Occupation: RETIRED

Do you own or rent your property: OWN Do you have consent from owner / Body Corporate? YES

Are you a student with consent to keep pets? YES/NO

Reason for wanting an animal: _____

Is the animal for yourself? YES/NO

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/(NO)

What breed of (dog) or cat are you interested in? _____

Can you afford private veterinary fees? YES Who is your vet? _____

How many animals live on your property DOGS 0 CATS 0 OTHER 0

What are the sexes of your animals? DOGS: Male 0 Female 0 CATS : Male 0 Female 0

Are all your animals sterilised? Give details N/A

How many dogs and cats have you owned over the past 3 years? DOGS _____ CATS _____ OTHER _____

Which animals do you still have, and what happened to the others? DIED

Is your property fenced and has a proper gate? YES Will you chain/cage an animal? NO

Full description of the fencing and gate: 1M high Height: Palasade

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER INSIDE

Have you previously had pets from an SPCA? NO Are there children under the 10 years in your household? NO

Pre Home Inspection Fee: R100. Receipt No.: 4583

Declaration: The above information is true and correct
I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT _____ **Date of application** 16/9/24

Contract - MA000327
9920030003561 33

ADMISSION NO MBY 4862.

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 16/04/24 TIME: 15H00

NAME OF APPLICANT: Anita Halekas

ADDRESS: 9 Seemf Straat, Rheebok Village, Estate, Grootbrak.

HOME TEL No: _____ CELL No: 0833651501

ANIMAL(S) ADOPTING: Greyhound X - medium

SEX: Female AGE: ~~0~~ 2 yrs

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:		Suitability of fence (i.e. small pets can't escape):	
Suitable shelter? (i.e. Kennel in protected area)	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?	

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED	0				
CONDITION	0				
WELFARE (good?)	0				
SEX & AGE	0 / 0	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ **CATS** ☐ **SMALL DOGS**

☐ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: T Hemtz **SPCA:** Mosselbay **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION No.
TOELATINGSNR. MBY 4862.

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female
Microchip and or ID Tag Number: 992003000356133		

This animal has been [illegible] in the 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.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal 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 pay to the SPCA all costs which they may incur in obtaining confirmation 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 on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. 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.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in 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.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only elasticated or quick release collars may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal 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.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post with seven (7) days.

I agree to never harm, neglect, abuse or abandon the animal that I adopt.
I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

Garden Route

UITPLASINGSKONTRA

HOND / KAT	Ras	Manlik/Vroulik	
Mikroskyfie en of ID nSkyfie Nommer:			

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

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. Indien ek om enige rede nie langer die dier 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 dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkrygling van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. Ek sal nie die dier vasketting of gehok hou nie, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private veeartsenykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir katte gebruik word.
14. My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres

** Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.*
** Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarlosing van enige dier nie.*

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including Initials)
NAAM - Prof/Dr/Mnr/Mvr/Me] (Insluitende voorletters): Anita Halekas

HOME ADDRESS
WOONADRES: 9 Seemf str, Rheebok

ID/PASSPORT No.:
ID/PASPOORT Nr.: 5606140173088

TEL No (H):
TELEFOON Nr (H):

(B):
(W):

CELL No:
SELFOON Nr: 0833651501

FAX No:
FAKS Nr:

E-MAIL:
E-POS: anita.halekas@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 4590

VEHICLE REG No.
VOERTUIG REG Nr: CBS83059

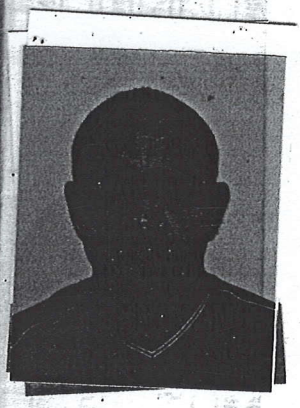
VEHICLE MAKE:
VOERTUIG MAAK: White

COLOUR:
KLEUR:

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING:

DATE / DATUM: 26/09/2024



1

I.D.No. 560614 0173 08 8

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

HALEKAS

ORGAN DONOR

VOORNAME/FORENAMES

ANITA DIANA

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

ENGLAND

GEBOORTEDATUM/
DATE OF BIRTH

1956-06-14

DATUM UITGEREIK
DATE ISSUED

1992-05-19

UITGEREIK OP GESAG VAN D
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF
DIRECTOR-GENERAL:
HOME AFFAIRS

Mossel Bay

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	24-002533-001-0
DATE OF ACCOUNT:	23/08/2024
LAST RECEIPT DATE:	22/08/2024
PREPAID METER NUMBER:	14495686363

Name:
HALEKAS G & AD
Street Address:
9 SEENIMFSTRAAT REEBOKRIF
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	1940.00	ERF NUMBER:	2533000	TOTAL VALUATION:	300000	WARD No:	4

DATE		DETAILS	READING DATE: 16/07/24			AMOUNT
		B/F BALANCE				1539.57
21/08/2024	1449568636	ELECTRICITY				451.54 *
		BASIC			392.65	
		VAT/BTW			58.89	
21/08/2024	AMR1219614	WATER 14/06/2024-16/07/2024				273.27 *
		44 - 46 (2 kl 32 Days)				
		BASIC			237.63	
		07/24	0.94 @	0.000 =	0.00	
		07/23	1.06 @	0.000 =	0.00	
		VAT/BTW			35.64	
21/08/2024	300004	REFUSE				299.64 *
21/08/2024	400004	SEWERAGE				335.43 *
21/08/2024		RATES INSTALLMENT				133.50
		RECEIPTS				1539.00 -
		Balance Carried Forward				0.95 -
		VAT ON '*' ITEMS:	177.36	ACB TOT:	0.00	

CREDIT	60 DAYS	30 DAYS	CURRENT	
0.00	0.00	0.00	1493.95	1493.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE

DUE DATE
16/09/2024

AMOUNT DUE
1493.00

Pd
16/9/24

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Standard Bank

PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY

Ref. No.: 240025330010

Easy Pay >>>>>9152624002533001 00

11379 240025330010

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

SOUTH AFRICA
Permit Mail
P4010395

Mossel Bay

HALEKAS G & AD
19 LOUS VAN WYK STREET
MOSSEL BAY
6506

240025330010

Fold and tear on perforation

MY OWNER

NAME	Anita Halekas
POSTAL ADDRESS	
STREET ADDRESS	9 Seeninf straat
	Rheebok Village
HOME PHONE	
WORK PHONE	
CELLPHONE	0833651501
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	Greyhound x
COLOUR	Brown
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000356133
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
Sept. 25		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
6.9.24	For Animal Use Only. VANGUARD® PLUS 5. Reg.No. G2238 (Act 36/1947). Namibia only: V97/24.1/925 NS2. U.S. Veterinary License No. 190. Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine. Modified Live Virus. 1 Dose. zoetis. Ser: 711393. Exp: 01 JUL 25	N.N
	Boehringer Ingelheim. RABISIN R. Lot/Batch: 924507. F48436. Ut. av./exp.: 27/04-2026	
	MSD Animal Health	
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One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.
My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk.
Now it is up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DHPPi (Reg. No. G2377 Act36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947). **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947), **Quantel® Tablets** (Reg. No. G2717 (Act 36/1947) Contains Praziquantel (isoqinoline) 50 mg/tablet and Fenbendazole (benzimdazole) 500 mg/tablet. **Exitel Plus** (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. **Exitel Plus XL** (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

I WAS DEWORMED ON

ATE	PRODUCT	DATE	PRODUCT
7-24	[illegible]		

OTE TO MY OWNER
gular vaccines as prescribed by my veterinarian and worming every 2 weeks for under 12 weeks of age and every 3 nths when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 19.09.2024

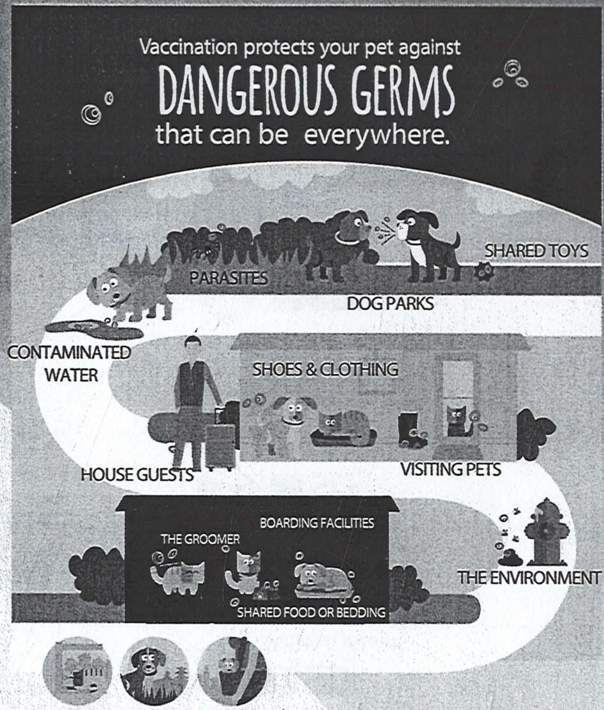
DOCTOR'S NAME Suzaan Muller

GARDEN ROUTE SPCA
PO.BOX 258
GEORGE 6530
TEL: 044 693 0824 / 072 281 1761
PRACTICE STAMP

MSD
Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours
Monday & Wednesday: CLOSED
Tuesday & Thursday: 9:00 to 11:00 and 15:00 to 16:00
Friday – 12:00 to 16:00
Saturday, Sunday & Public Holidays: Closed