ADOPTION CHECKLIST

ADMISSION NO: MBY 3660

CONTRACT NO: MA 00027T

- [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 12/09/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000356137

Adoptee INFO:

Name & Surname Ronel Lowe

Contact INFO: 0845800202

Completed by: _____ Date: 14/09/24

Manager: _____ Date: 14/09/24

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.

MY OWNER

NAME	Ronel Lowe
POSTAL ADDRESS	
STREET ADDRESS	42 Alicante Ave,
	Table View, 7441
HOME PHONE	
WORK PHONE	
CELLPHONE	0845800202
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	German Shepard
COLOUR	Black + Brown
SEX	Female
DATE OF BIRTH	2022
MICROCHIP/TATTOO	992003000356137
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
12-09-24		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
12-09-24	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F48436 Ut. av./Exp.: 27/04-2026	SPCA AWA
16/08/24	Nobivac 1 DAPPv Serie: 021121A77E Exp.: 22-OCT-2025 PEEL HERE + Trivorm	SPCA
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

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

DATE	PRODUCT	DATE	PRODUCT

uantel
RMER FOR DOGS AND CATS

Exitel Plus

Exitel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS.

OTE TO MY OWNER
egular vaccines as prescribed by my veterinarian and
eworming every 2 weeks for under 12 weeks of age and every 3
onths 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 12/09/2024.

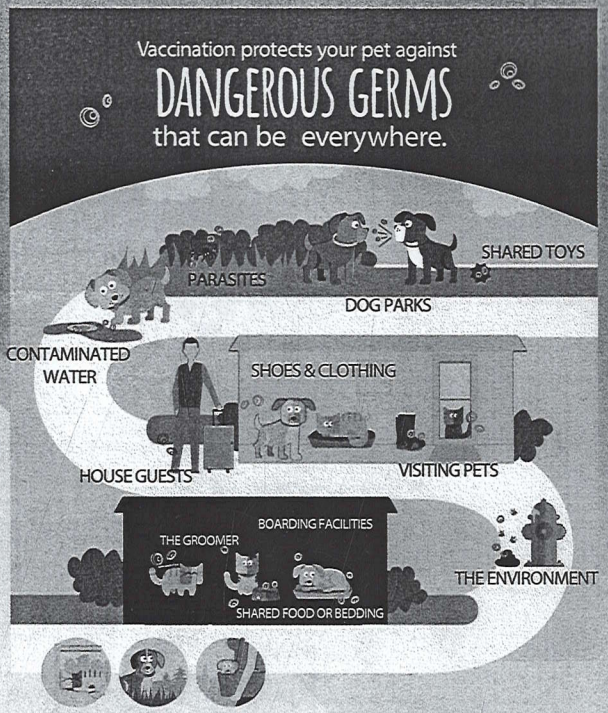
DOCTOR'S NAME Dr. A.S. Muller.

Garden Route SPCA
P.O. Box 258
George,6530
Ph (044) 693 - 0824
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
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

Loaded

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	K 250 24 34			ADMISSION No.	MBY3660	
~~Stray~~	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	15/8/24		Time in	9:15	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		Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify)	30 Km.	
Breed	GSD	Colour and Markings	Black / Tan	
Condition	Poor	Sex	Female	Age Adult ± 1 year.
Temperament	Fair	Sterilisation details		Name
Coat S	Tail L	Teeth Condition	Ears Up	Size Med.
Area found / collected from	Soneskyn Veiki			Date 15/8/24
Reason for surrender	Stray in Road			

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	M Wentzel		
Residential Address	Mosselbay 6506.			
Postal Address				
Tel (H)	Tel (W)	Cell 0715161517.		
Email				
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 / ~~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 M	Witness for Society

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

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 992003000356137 Date 13/09/2024

MEDICAL RECORD

Date	Remarks	Treatment	Cost
16/8/2024	T.worm + robios NRT - Aug 2025		
12/9/24.	Spayed.		

PTS APPROVAL	
NAME	SIGN

GARDEN ROUTE SPCA			
ADOPTION VET CHECK - DR. DEMPSEY/DR SUZAAN			
KENNEL		DATE	16/08/24
CARD NR	MB + 3660	BREED	GSD
COLOUR	Black + Brown	STRAY/DONATED	STRAY
ANIMAL NAME	.	MALE/FEMALE	Female.
ANIMAL BEEN VACC	NO	PROOF OF VACC?	
STERILIZED	NO	AGE	

GENERAL HEALTH	
EARS	N A D
EYES	N A D
TEETH	N A D
NOSE	N A D
LUNGS	N A D
HEART	N A D
ABDOMEN	N A D
HIP	N A D
SKIN & COAT	N A D
FIT FOR ADOPTION	Yes.
COMMENTS:	

She needs to put more weight.

20**

MA000027 T

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 RONEL LOWE

HOME ADDRESS: 42 ALICANTE AVE, TABLE VIEW 7441 ID NO.: 7406130039086

POSTAL ADDRESS: 42 ALICANTE AVENVE, TABLE VIEW 7441

TEL NO (H): NONE (B): husband - Peter - 0828536838

CELL NO: 0845800202 FAX NO: N/A.

E-MAIL: RONEL@MADESIGN.CO.ZA

Address where animal will be kept: 42 ALICANTE AVE, TABLEVIEW - 7441

Reason for wanting an animal: WE JUST LOST OUR 12 year old GSD to cancer

Occupation: DESK TOP PUBLISHER - husband - Video Editor

Do you own or rent your property: OWN Do you have consent from owner / Body Corporate? NA BIG YARD - HIGH WALLS - GATED YES! OUR PROPE

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

Reason for wanting an animal: COMPANIONSHIP / LOVE / OUR CHILD - GSD - PAESENS ON PROPERTY

Is the animal for yourself? Yes - ME + HUSBAND YES/NO

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

What breed of dog or cat are you interested in? GERMAN SHEPARD

Can you afford private veterinary fees? YES!! Who is your vet? BLAAUBERG VETENA CLINI

How many animals live on your property DOGS 2 CATS 1 OTHER N A

What are the sexes of your animals? DOGS: Male N/A Female 2 CATS : Male 1 Female /

Are all your animals sterilised? Give details YES - ALL STERILISED

How many dogs and cats have you owned over the past 3 years? DOGS 3 CATS 1 OTHER

Which animals do you still have, and what happened to the others? ALL FROM OLD AGE

Is your property fenced and has a proper gate? YES Will you chain/cage an animal? NO - NEVER

Full description of the fencing and gate: high wall - electric gate Height: - 5.5 FT.

What shelter is provided : OUTDOORS BIG YARD KENNEL NO! OTHER LIVE INSIDE OUR HOUSES

ALL ANIMALS OWN THIS HOME sleep on Beds / couches and Play PLAY IN YARD

Have you previously had pets from an SPCA? YES! - shes still here Are there children under the 10 years in your household? NO

Pre Home Inspection Fee: Receipt No.:

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 R Lowe **Date of application** 6 Sept

CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

Civic Centre
12 Hertzog Boulevard 8001
PO Box 655 Cape Town 8000
VAT registration number
4500193497

Tax invoice number	210009544786
Customer VAT registration number	
Account number	200107030
Distribution code	
Business partner number	1000087022

MR. & MRS. PETER JAMES & RONEL LOWE LOWE
42 ALICANTE AVENUE
TABLE VIEW
7441

Computer generated copy tax invoice

Tel: 086 010 3089
Tel: International calls +27 21 401 4701
E-mail : accounts@capetown.gov.za
Correspondence: Director : Revenue, P O Box 655,
Cape Town 8000
Web address:www.capetown.gov.za

Account summary as at 15/08/2024 **Due date 09/09/2024**
At 42 ALICANTE AVENUE, TABLE VIEW / Erf 14242

Previous account balance		2626.06
Less payments (13/08/2024)	Thank you	4800.00-
Credit (a)		**2173.94-**
Latest account - see overleaf		2617.76
Current amount due (b)	**Payable by 09/09/2024**	**2617.76**
	Total (a) + (b)	**443.82**
Total (a) + (b) above	443.82	
Total liability	**443.82**	

LET'S ACT
FOR A STRONGER CAPE TOWN
www.capetown.gov.za/ClimateChange

Please note:

1. Payment options

(a) Debit orders: Call 0860 103 089 or visit a Customer Service Centre.(b) Internet payments: Visit www.Easypay.co.za or scan the QR code.

(c) Electronic payments (EFT): Select the City of Cape Town as a bank-listed beneficiary on your bank's website. Use only your nine-digit municipal account number as reference

(d) Direct deposit at Nedbank: Please present your account number 200107030 to the bank teller. (e) Cash, debit card, credit card and other: Please present your account to the cashier.

2. Where the City incurs bank costs on any mode of payment, the City will recover such cost on the portion of the amount above R7000.00 per transaction per account number. The City absorbs such costs in respect of a single payment of R7000.00 and below.

3. Interest will be charged on all amounts still outstanding after the due date.

4. You may not withhold payment, even if you have submitted a query to the City concerning this account.

5. Failure to pay could result in;

(a) The City recovering debt overdue on the purchasing of pre-paid electricity,(b) your water and/or electricity supply being disconnected/restricted. Immediate reconnection of the supply after payment cannot be guaranteed. A disconnection fee will be charged and your deposit amount might be increased.

6.Pay and renew your motor vehicle licence online: https://eservices.capetown.gov.za/irj/portal

Pay points: City of Cape Town cash offices or the vendors below:

easypay a better way to pay · NEDBANK · PEP · Checkers · WOOLWORTHS · SHOPRITE · Pick n Pay · SPAR · ACKERMANS

MR. & MRS. PETER JAMES & RONEL LOWE LOWE

>>>>> 915552001070302

Account number	**200107030**
Total due if not paid in cash	443.82
Amount due if paid in cash	443.80
Rounded down amount carried forward to next invoice	0.02

Mossel Bay SPCA

Cape of Good Hope

ADMISSION No MBY3660

PRE AND POST HOME INSPECTION FORM

PASSED: (YES) / NO DATE UNDERTAKEN: 08-09-2024 TIME: 11:00

NAME OF APPLICANT: Mrs Ronel Lowe
ADDRESS: 42 Alicante avenue
Tableview Cape Town
HOME TEL No: 0845800202 CELL No: 0828536838
ANIMAL(S) ADOPTING: Dog German Shephard
SEX: Female AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Brick walls		Height of fence: Approximately 1,5m high	
Any sign of Kennel/Shelter?	YES (O) / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO (O)
Is the front yard separated from the back?	YES (O) / NO ☐	If yes, what partitioning? House and side gate	
Any hazards? (pool, rubble, razor wire, etc)	YES (O) / NO ☐	Specify: A Pool-covered	
Does applicant live at the address?	YES (O) / NO ☐	How many animals are on the property? 2	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	**2**	**3**	**4**	**5**
BREED	Golden retriever	Xbreed			
SEX	Male (Neutered)	Male (Neutered)			
AGE	Adult	Adult			
STERILISED	Yes	Yes			

OTHER INFORMATION / COMMENTS
The golden retriever is half blind but in acceptable condition. Both dogs are sleeping inside house, no shelter provided outside as the applicant doesn't believe in dogs sleeping outside. The pool is properly covered.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ **SMALL DOGS**
- ☑ **MEDIUM DOGS**
- ☑ **LARGE DOGS**
- ☑ **CATS**
- ☐ **EQUINE**
- ☐ **OTHER (specify)** _____

INSPECTED BY: Siyabonga Mbukutshe **SPCA:** CAPE OF GOOD HOPE **SIGNATURE:** SMbukutshe

Signed at:
2024-09-08 14:40:43

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION No.
TOELATINGSNR. MBY 3660

ADOPTION CONTRACT

MA00027T

DBV SPCA Garden Route

DOG / CAT	Breed	Male/Female
Microchip and or ID Tag	992003000356137	

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.

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.

UITPLASINGSKONTRAK

DBV SPCA Garden Route

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 verkryging 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 veeartsnykundige 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/Mej (Insluitende voorletters): Ronel Lowe

HOME ADDRESS
WOONADRES: 42 Alicante Ave, Tableview

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7406130039086

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

(B):
(W):

CELL No:
SELFOON Nr: 0845800202

FAX No:
FAKS Nr:

E-MAIL:
E-POS: ronel@madesign.co.za

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 4582

VEHICLE REG No.
VOERTUIG REG Nr. CA 575964

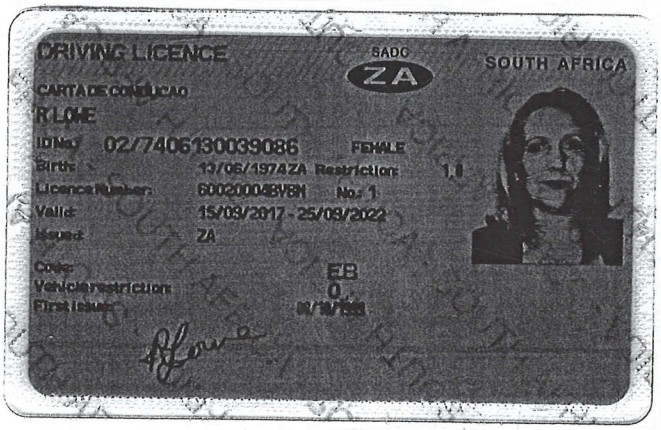
VEHICLE MAKE:
VOERTUIG MAAK: RENAULT

COLOUR:
KLEUR: BLACK

SIGNATURE
HANDTEKENING: Rowe.

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 14/09/24


DRIVING LICENCE

SADC

ZA

SOUTH AFRICA

CARTA DE CONDUCAO

R LOVE

ID No: 02/7406130039086 FEMALE

Birth: 13/06/1974 ZA Restriction: 1,8

Licence Number: 6002000485BN No: 1

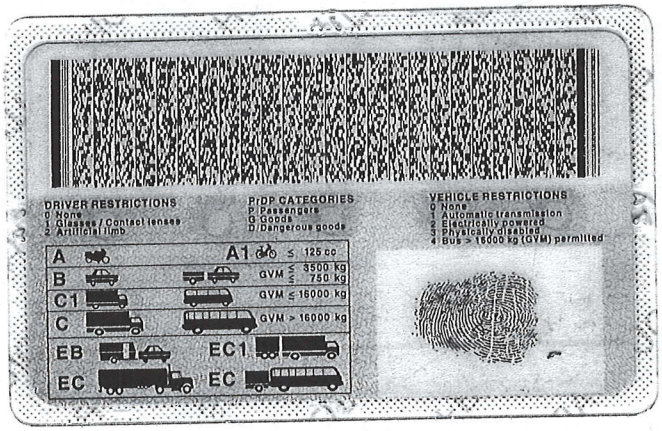
Valid: 15/09/2017 - 25/09/2022

Issued: ZA

Code: EB

Vehicle restriction: 0

First issue: 01/10/[illegible]


DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb
P/DP CATEGORIES
P Passengers
G Goods
D Dangerous goods
VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 Bus > 16000 kg (GVM) permitted
A
A1 ≤ 125 cc
B
GVM ≤ 3500 kg
≤ 750 kg
C1
GVM ≤ 16000 kg
C
GVM > 16000 kg
EB
EC1
EC
EC

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000356137

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details 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. * 0845800202

E-mail * rond@madesign.co.za

Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

If possible, please provide a personal email, not a company email.

Title * MRS Initials * R Surname * LOWE

Street 42 Alicante Ava City

Suburb Area Code TABLE VIEW

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date * 16 . 09 . 2024

Date of Implant * 13 - 09 - 2024

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

Name of Vet who implanted the Chip KURT REMAS

PET DETAILS

Pet Name ZAZU.

Species * CANINE

Colour Black + Brown

Gender (Male) Female

Date of birth 2022

Breed * GSD

Markings

Sterilised (Yes) No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration 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 herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said 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 information to 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 institutions need to 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 information may be 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 processing of its personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by _____ and 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.
2. By fax — Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
3. By e-mail — Scan and E-mail the completed form to BackHome Online