ADOPTION CHECKLIST

ADMISSION NO: T 0635

CONTRACT NO: MB/0087

- [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 14/08/24.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000408416

Adoptee INFO:

Name & Surname DR A.S. MULLER

Contact INFO: 0732 75 4148

Completed by: Kay levers Date: 23/05/2024

Manager: Date: 23/05/2024

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.

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
3/5/24	Mi/pro		
20/5/24	Mi/pro		

Quantel DEWORMER FOR DOGS AND CATS

Extel Plus Extel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS.

NOTE TO MY OWNER

Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months 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 (BSc)

DATE 14/08/2024

DOCTOR'S NAME Dr A.S. Muller.

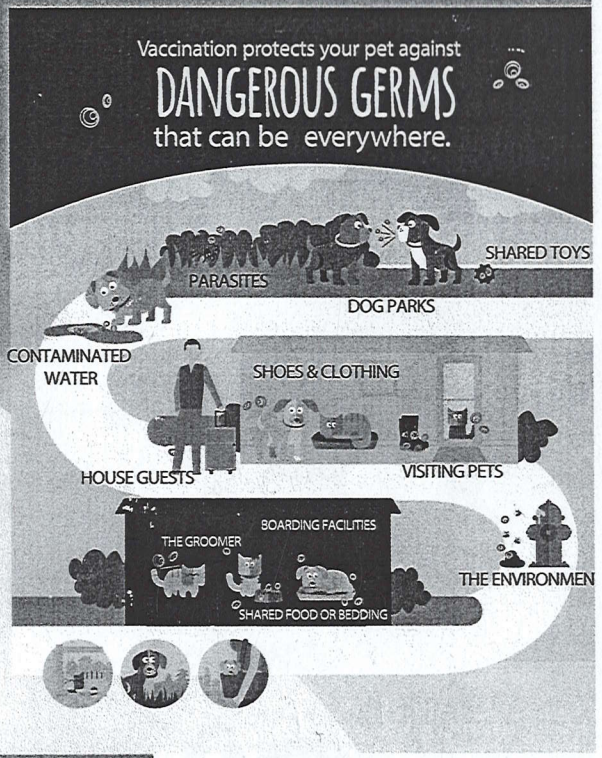
Garden Route SPCA
P.O. Box 258
George,6530
Ph (044) 693 - 0824

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

VACCINE RECORD CAR



PET'S NAME Sweep

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 16:0(
Friday – 12:00 to 16:00
Saturday, Sunday & Public Holidays: Closed

MY OWNER

NAME	A.S. MULLER
POSTAL ADDRESS	
STREET ADDRESS	274 Whites Road
	Wilderness Heights
HOME PHONE	
WORK PHONE	
CELLPHONE	0732754148
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	Black
SEX	♀
DATE OF BIRTH	
MICROCHIP	992003000408416
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
3/5/24	352806-R1 Nobivac L-HTRPCH Batch: 02071437C Manf: 04SEP22 Exp: 04MAR24	M.N
20/5/24	128857-02 Nobivac L-HTRPCh Ser.: 02071427B Exp.: 090CT23 Boehringer Ingelheim RABISIN R 924507 Lot/Batch: E48017 Ut. av./Exp.: 28/01-2025	M.N
	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 SIGNATU
	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 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) a Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

Find us on: facebook.

IGEM 16004.

Kitten Mossel Bay Branch.

NSPCA Operations Manual 2020 Section 4-5B: Page 1

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 23/05/24 TIME: 12:00

NAME OF APPLICANT: D R A S Muller

ADDRESS: 274 Whites Road, Wilderness Heights

HOME TEL No: CELL No: 0732754148

ANIMAL(S) ADOPTING: Kitten

SEX: Female AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Farm fence, Tall		Suitability of fence (i.e. small pets can't escape): Yes gate	
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?	N/A
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☑	Specify: N/A	
Does applicant live at the address?	YES ☑ / NO ☐	How many animals are on the property?	9

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED	DSH	DSH	DSH	GSD x	GSD x
CONDITION	Good	Good	Good	Good	Good
WELFARE (good?)	Good	Good	Good	Good	Good
SEX & AGE	F /	F /	F /	M /	M /
STERILISED	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☑ / NO ☐

OTHER INFORMATION / COMMENTS 4 Geldings on propperty, Very large plot fully enclosed.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☑ SMALL DOGS

☐ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: Geron SPCA: George SIGNATURE: GGreenewald

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GEORGE MUNICIPALITY

Tax invoice

VAT No. 4630193664
P.O.BOX 19, GEORGE, 6530
(044) 801-9111 086 589 6402
EMAIL: accounts@george.gov.za

EMAIL

GRG 1002376137

MRS AS MULLER
P O BOX 276
WILDERNESS
6560

STATEMENT DATE	24/04/2024
TAX INVOICE NO.	11570513
ACCOUNT NO.	GRG 1002376137
RECEIPTS POSTED TILL	23/04/2024
GUARANTEE / DEPOSIT	0 / 1100.00-
SUBURB	52 274 00001
VALUATION	1690000
SITE ADDRESS:	WHITES ROAD (WH)
DEBTS DUE BY TENANTS	0.00
CLIENT VAT NO.	

SERVICE	OPENING BALANCE	RECEIPTS	CHARGE	INTEREST	ADJUSTMENTS	VAT	CLOSING BALANCE
	822.52	-822.52	627.85	0.00	0.00	94.19	722.04
	340.40	-340.40	296.00	0.00	0.00	44.40	340.40
	711.28	-711.28	711.28	0.00	0.00	0.00	711.28
TOTAL	1,874.20	-1,874.20	1,635.13	0.00	0.00	138.59	1,773.72

PLEASE SEE REVERSE FOR IMPORTANT NOTES.

OFFICE HOURS

08H00 -15H30 MONDAY - FRIDAY EXCLUDING PUBLIC HOLIDAYS

PAY POINTS

MUNICIPAL OFFICES: GEORGE, UNIONDALE, HAARLEM, POST OFFICES, PICK 'N PAY, SPAR, PEP STORES AND EASYPAY POINTS COUNTRYWIDE.

MESSAGE

PLEASE NOTE THAT YOUR ACCOUNT NUMBER, MUST BE PROVIDED AT ALL TIMES, WHEN YOU LODGE ANY ACCOUNT QUERY, OR REQUEST A DUPLICATE ACCOUNT STATEMENT.

TOTAL VAT	ARREARS	CURRENT	PAYMENT DATE	AMOUNT DUE
138.59	0.00	1,773.72	15/05/2024	R1773.72

	FUTURE	CURRENT	30 DAYS	60 DAYS	90 DAYS	90 DAYS +
MONTHLY	0.00	1773.72	0.00	0.00	0.00	0.00
ANNUAL	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	0.00	1773.72	0.00	0.00	0.00	0.00

Attention all consumers

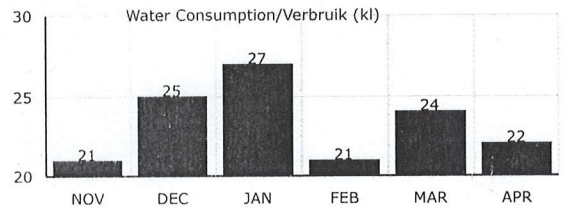
UPDATE YOUR DETAILS HERE

It is the responsibility of each and every consumer to enquire from the municipality if no account is delivered before the due date. Enquiries with regards to accounts can be made with the following options:

1)Email: Accounts@george.gov.za
2) Telephone: (044) 801 9111

Thank you.

Water:1401	Cons/Days New	22	30.00		
Water:1401	Basic New	1	139.11	159.98	20.87
Water:1401	0-6 New	6	24.19	166.91	21.77
Water:1401	Free New	6-	24.19	166.91-	21.77-
Water:1401	6-15 New	9	24.19	250.37	32.66
Water:1401	15-20 New	5	36.73	211.20	27.55
Water:1401	20-30 New	2	43.69	100.49	13.11



Tp.	Meter No.	Previous	New Reading	Factor	Consumption	Period Daily Aver.
W	CBRL4850	2164	2186 E		22.000	11/03-10/04 .73

Log & report faults, pay municipal bills, submit self-meter readings and more with the My Smart City App. Become a part of the Improvement Movement with George and My Smart City. Improve your city. Be part of the change. Download the app now!

PAYMENT DETAILS

ACCOUNT: GRG 1002376137

ALLOCATION 0118

ACCOUNT NUMBER 1002376137

Post Office — We deliver, whatever it takes.
BOXER
Pick n Pay
SPAR
ACKERMANS
SHOPRITE
Checkers
Usave
FNB
unipay

Smart Water Meter
UniPay
My Smart City

PEP
game
WOOLWORTHS

FNB
BRANCH CODE: 210554
ACCOUNT NUMBER: 62869623150

9153 0000 0100 2376 1376

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

Loaded

KENNEL No.	CB7 C2				ADMISSION No.	T 0635
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	30/04/24		Time In		Date for release	

IDENTIFICATION & LOST AND FOUND

Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	30/04/24	Lost & Found checked	X Yes / No	Lost & Found Date checked	30/04/24
						Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog / Cat / Other species (Specify)	Cat		
Breed	DLH	Colour and Markings	Black
Condition	Fair	Sex	♀
Temperament	Fair	Sterilisation Details	NO
Coat: Long / Tail: long / Teeth Condition: Fair		Ears: up	
Area found / collected from			
Reason for surrender	Unable to keep		

Age: 1 month
Name:
Size: Small
Date: 30/04/24

ASSESSMENT

GOOD WITH:	YES	NO
Children		
Cats		
Other dogs		
Livestock / Other		
DO THEY:		
Jump Fences		
Run Away		

COMMENTS:

Surrendered by / Found by		Name	Etienne Lots		
Residential Address	10 Econico Str Dana Baai				
Postal Address	N/A				
Tel (H) N/A	Tel (W)	Cell 0725795024			
Email	N/A				
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

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 uitdruklik ooreengekom dat nog die DBV nog sy amtenare, 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	Refer to T0524	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 endeavout 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 (Animanls Protection Act) an animal presented for admission is so diseased, severely injured or in such phusical condition that it should be destroyed for humanitarian reasons, the Society snall 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 dier/e, beskryf op die keersy, ten gunste van die DBV om mee te b volgens hul uitsluitlike diskresie met die dien verstande dat die Vereeniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie i
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 Vereeniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes
3. Enige koste hierop onderskryg 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 Eutanasia			

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: _____

Email 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		Yes	Microchip / ID tag details	
		No		

Date _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
3/5/24	M/P vo		
	Nxt - 28/5/24		
20/5/24	M/P vo		
	Nxt - rabies only		
	at 3 months.		

PTS APPROVAL	
NAME	SIGN

IGEM 16004.

Kitten Mossel Bay Branch.

NSPCA Operations Manual 2020 — Section 4-SB: Page 1

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO — DATE UNDERTAKEN: 23/05/24 — TIME: 12:00

NAME OF APPLICANT: DR A S Muller

ADDRESS: 274 Whites Road, Wilderness Heights

HOME TEL No: — CELL No: 0732754148

ANIMAL(S) ADOPTING: Kitten

SEX: Female — AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION

Type and height of fence: Farm fence, Leeden gate		Suitability of fence (i.e. small pets can't escape): Yes	
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?	N/A
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☑	Specify: N/A	
Does applicant live at the address?	YES ☑ / NO ☐	How many animals are on the property? 9	

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	DSH	DSH	DSH	GSD x	GSD x
CONDITION	Good	Good	Good	Good	Good
WELFARE (good?)	Good	Good	Good	Good	Good
SEX & AGE	F /	F /	F /	M /	M /
STERILISED	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☑ / NO ☐

OTHER INFORMATION / COMMENTS 4 Geldings on propperty, Very large plot fully enclosed.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☐ CATS
- ☑ SMALL DOGS
- ☑ MEDIUM DOGS
- ☐ LARGE DOGS

INSPECTED BY: Gerda — SPCA: George — SIGNATURE: GGreenewald

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA

MOSSELBAY

KENNEL /CAGE #		DATE	
CARD #		BREED	
COLOUR		STRAY/SURRENDER	
ANIMAL NAME		MALE/FEMALE	
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	

GENERAL HEALTH CHECK			
EARS	~~NAD~~		
EYES	~~NAD~~		
TEETH	~~NAD~~		
NOSE	~~NAD~~		
LUNGS	~~NAD~~		
HEART	~~NAD~~		
ABDOMEN	~~NAD~~		
HIP	~~NAD~~		
SKIN&COAT	~~NAD~~		
FIT FOR ADOPTION	~~YES~~	NO	
COMMENTS:			

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY0087 DATE: 23/05/24

between Masselbay SPCA

and

Name Dr. A. S. Muller

Address 274 Whites Road, Wilderness Road

Telephone Numbers (H) 0732754148 (B)

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name Sex Female Age 2 months

Description Black Bitch

On (due date) Adoption Form No. MBY0087

on the understanding that you will arrange to have this done at the Masselbay SPCA Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society **reserves the right to confiscate** the animal and **NO MONEY WILL BE REFUNDED.** The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

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

Signature of new Owner: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

ADMISSION No.
TOELATINGSNR. MBY0087

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip	992003000408416		

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.

Garden Route

UITPLASINGSKONTRAK

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 bale 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): Dr A.S. Muller

HOME ADDRESS
WOONADRES: 274 Whites Rd, Wilderness Heights

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7603310043082

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

(B):
(W):

CELL No:
SELFOON Nr: 0732754148

FAX No:
FAKS Nr:

E-MAIL:
E-POS. muller.suzanne1@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.

VEHICLE REG No.
VOERTUIG REG Nr. CAW 33843

VEHICLE MAKE:
VOERTUIG MAAK: Land Rover Freelander

COLOUR:
KLEUR: Beige.

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 23/05/2024.

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

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

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): AS Muller.

HOME ADDRESS: 274 Whites Rd. Wilderness Heights ID NO.: 7603310043082

POSTAL ADDRESS: N/A.

TEL NO (H): - (B):

CELL NO: 0732754148. FAX NO: -

EMAIL: muller.suzanne1@gmail.com.

Address where animal will be kept: 274 Whites Road, Wilderness Heights, 6560

Occupation:

Do you own or rent your property: Own Do you have consent from owner / Body Corporate? N/A.

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

Reason for wanting animal: Companion.

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? Cat DLH.

Can you afford private fees? Yes. Who is your vet? A.S. Muller / Eden Vets.

How many animals live on the property? DOGS? 2 CATS? 3 OTHERS 4 Horses.

What are the sexes of your animals? DOGS: Male 2. Female ____ ~~DOGS~~ Cats: Male ____ Female 3

Are all your animals sterilised? Give details Yes.

How many dogs and cats have you owned in the last 3 years? DOGS? 3 CATS? 4 OTHER? ____

Which animals do you still have, and what happened to the others? As above. -2 dogs 3 cats. 1 died old age.

Is your property fenced and has a proper gate? Yes. Will you chain/ an animal? No

Full description of the fencing and gate: 6ft Jackfence with diamond chain link. Height: 10 feet.

What shelter is provided: OUTDOORS ____ KENNEL ____ OTHER Indoors.

Have you previously had pets from an SPCA? Yes. Are there children under 10 in your household? No

Pre Home Inspection Fee: R100 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 [signature] **Date of application** 21/05/2024.

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

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. * 0732754148 Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * muller.suzane1@gmail.com If possible, please provide a personal email, not a company email.

Title * DR Initials * AS Surname * MULLER

Street 274 WHITES ROAD City WILDERNESS HEIGHTS

Suburb Area Code

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 * - -

Date of Implant * 23 - 05 - 2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip Ndyebongelo

PET DETAILS

Pet Name SWEEP Date of birth 2024

Species * FELINE Breed * DLH

Colour BLACK Markings

Gender Male X Female Sterilised X 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

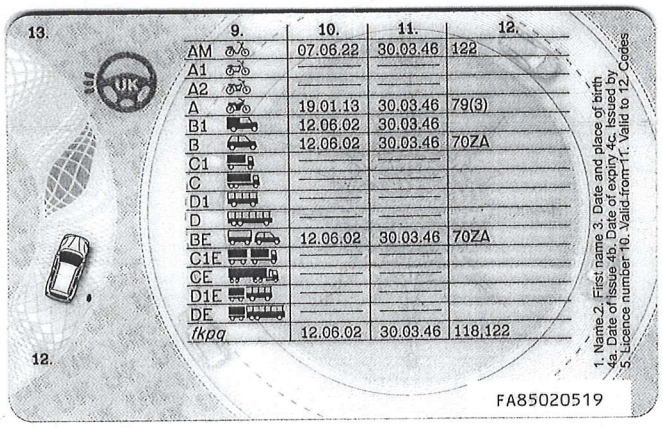
The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said Veterinarian and / or it's office to bring about this agreement between the client and the veterinarian. The 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@virbac.co.za or backhome.support.external@virbac.co.za
4. By App	Download the Virbac Backhome Africa App

UK DRIVING LICENCE

1. MULLER
2. DR ADRIANA SUZANNE
3. 31.03.1976 SOUTH AFRICA
4a. 07.06.2022 4c. DVLA
4b. 06.06.2032
5. MULLE753316AS9BW 18
7.
8. 1 VICTORIA TERRACE, BOHETHERICK, ST DOMINICK, SALTASH, PL12 6SY
9. AM/A/B1/B/BE/*f/k/p/q*



9.	10.	11.	12.
AM	07.06.22	30.03.46	122
A1			
A2			
A	19.01.13	30.03.46	79(3)
B1	12.06.02	30.03.46	
B	12.06.02	30.03.46	70ZA
C1			
C			
D1			
D			
BE	12.06.02	30.03.46	70ZA
C1E			
CE			
D1E			
DE			
fkpq	12.06.02	30.03.46	118,122

13.

12.

1. Name 2. First name 3. Date and place of birth 4a. Date of issue 4b. Date of expiry 4c. Issued by 5. Licence number 10. Valid from 11. Valid to 12. Codes

FA85020519