ADOPTION CHECKLIST

ADMISSION NO: (PI+X) MBY 4807

CONTRACT NO: MA00021T

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [ ] Copy of Identity Document or Driver's License
- [ ] Proof of Residence
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 26/09/24.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000356126

Adoptee INFO:

Name & Surname: Justyn Squires

Contact INFO: 0722461562

Completed by: _____ Date: 27/09/24

Manager: _____ Date: 27/09/24

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.

MA 0021T

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female
Microchip and or I	992003000356126	

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.

ADMISSION No. TOELATINGSNR. MBY 4807

UITPLASINGSKONTRA

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 'dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede e 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 omheen 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): Justyn Squires

HOME ADDRESS
WOONADRES: 23 E. Armarta, Daanbaya

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7405015022084

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

(B):
(W):

CELL No:
SELFOON Nr: 0722461562

FAX No:
FAKS Nr:

E-MAIL:
E-POS. justynsquires@yahoo.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 4614

VEHICLE REG No.
VOERTUIG REG Nr. CJS 80377

VEHICLE MAKE:
VOERTUIG MAAK: Ford

COLOUR:
KLEUR: Grey

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE /DATUM: 27/09/24

~~T~~ ~~S~~ ~~T~~ 80.4

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded by CO

DBV SPCA
Garden Route

KENNEL No.	~~K19~~ K1033			ADMISSION No.	MBY4807	
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	28/08/24 N/A		Time in	12:00	Date for release	05/09/24 ~~28/08/24~~

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	X Yes / No	Lost & Found Date checked	28/08/24
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	28/08/24	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog X	Cat	Other species (Specify)			
Breed	Pitbull X		Colour and Markings	Brown/Black spots	
Condition	Fair		Sex ♀	Age	Juvenile
Temperament	Friendly		Sterilisation details	No	Name —
Coat Short	Tail Long	Teeth Condition Good	Ears hang	Size	Small
Area found / collected from	Ext. 8			Date	28/08/24
Reason for surrender	Stray				

ASSESSMENT

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

COMMENTS: Stray

Surrendered by / Found by (X)	Name	Leon Van Wyk			
Residential Address	Alof Rylaan				
Postal Address	None				
Tel (H) None	Tel (W) None	Cell None			
Email	None				
Donation R None	Cash	Card	EFT	(Receipt No.)	None

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None Inspector: None

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 C.V.W	Witness for Society Kurt

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		Yes	Microchip / ID tag details
		No	

Date _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
2/9/24	Anaesed o		
	NAI - 2/10/2024		

PTS APPROVAL

NAME	SIGN

Annat Gigi
MA000021T

NSPCA Operations Manual 2020

992003000356126

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): Mr Justyn Squires

HOME ADDRESS: 23 E. Armarta DanaBay

ID NO.: 7405015022084

POSTAL ADDRESS: _____

TEL NO (H): _____ (B): 044 6912570 / 07188735999

CELL NO: 0722461562 FAX NO: _____

E-MAIL: justynsquires@yahoo.com

Address where animal will be kept: _____

Reason for wanting an animal: animal lovers

Occupation: Director

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

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

Reason for wanting an animal: animal lover

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? Pieter MosselBay Diere Hosp

How many animals live on your property DOGS 1 CATS _____ OTHER _____

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

Are all your animals sterilised? Give details in process with sterilizing

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? one dog

Is your property fenced and has a proper gate? Yes Will you chain/cage an animal? Never

Full description of the fencing and gate: Concreacl and Wooden Height: 2 Meter

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER in house

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

Pre Home Inspection Fee: 100 Receipt No.: MB4. 4148.

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** 23/08/24.

992003000356126

ADMISSION NO MBY 4807

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 05/09/24 TIME: 14:00

NAME OF APPLICANT: Justyn Squires

ADDRESS: 23 E. Armanta Dana Bay

HOME TEL No: _____ CELL No: 044 6912 570 / 0718873999

ANIMAL(S) ADOPTING: Dog Boerboel x

SEX: Female AGE: 4 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Vibrigate		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	TR x dachund				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	Adult / Female	/	/	/	/
STERILISED	YES ☐ / NO ☒	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS (Dog) Animal loves dog in good condition property fenced.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

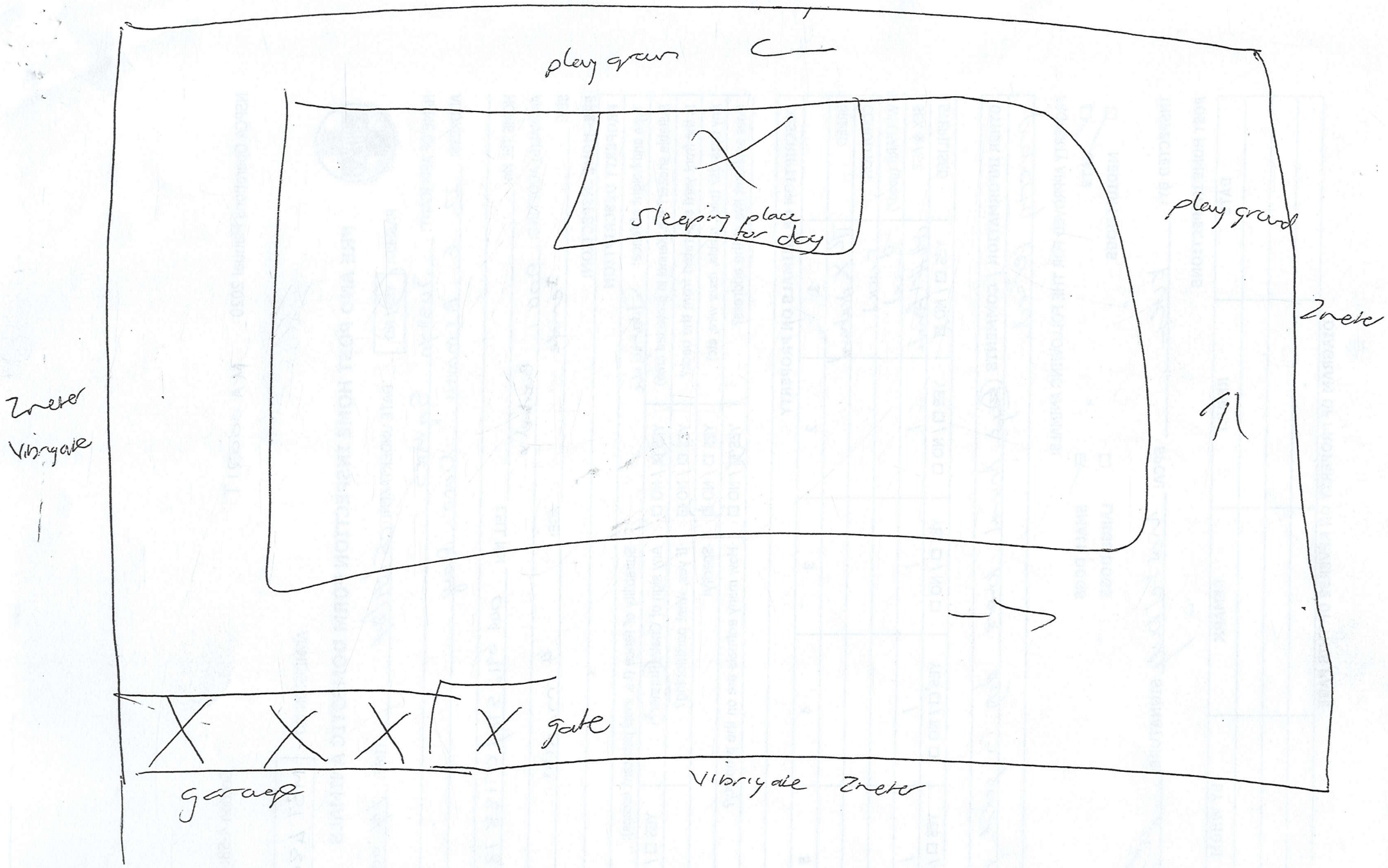
- ☐ CATS
- ☒ SMALL DOGS
- ☐ MEDIUM DOGS
- ☐ LARGE DOGS

INSPECTED BY: Kelly SPCA: Mossel Bay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE


playground
sleeping place for day
playground
Zmeter
Zmeter
Vibrygate
gate
garage
Vibrygate Zmeter

MY OWNER

NAME	Justyn Squires
POSTAL ADDRESS	
STREET ADDRESS	23 E. Armarta
	DanaBay
HOME PHONE	
WORK PHONE	
CELLPHONE	0722461562
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	BOERBOEL X
COLOUR	
SEX	FEMALE
DATE OF BIRTH	2024
MICROCHIP/TATT	992003000356126
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
22/10/2024		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
02/09/24	For Animal Use Only VANGUARD® PLUS 5 Reg.No. G2228 (Act 36/1947) Namibia only: V37/24.1/925 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 + Anrezole	A.H.T.
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
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	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

ATE	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 26/09/2024

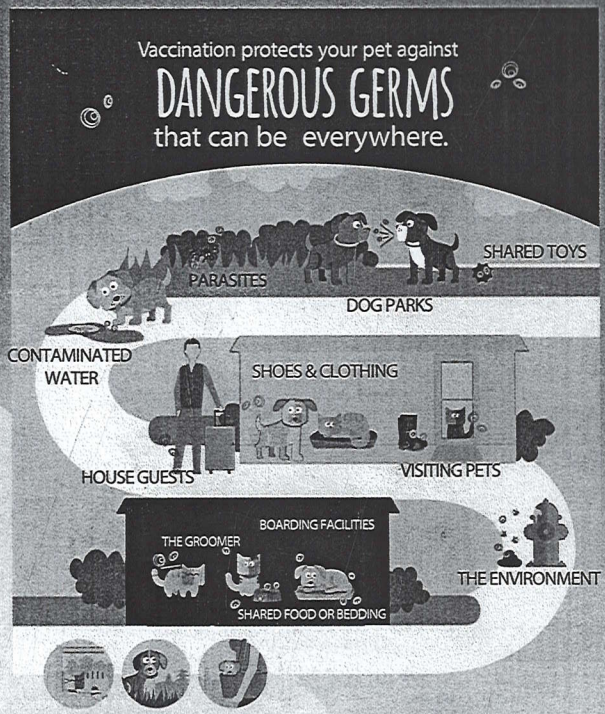
DOCTOR'S NAME Dr ASWW.

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 CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA			
ADOPTION VET CHECK - DR. DEMPSEY/DR SUZAAN			
KENNEL	K19	DATE	
CARD NR	MB/14807	BREED	Pitbull X.
COLOUR	BROWN	STRAY/DONATED	STRAY
ANIMAL NAME		MALE/FEMALE	FEMALE
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	Puppy
GENERAL HEALTH			
EARS	/		
EYES	/		
TEETH	/		
NOSE	/		
LUNGS	/		
HEART	/		
ABDOMEN	/		
HIP	/		
SKIN & COAT	/		
FIT FOR ADOPTION	YES		
COMMENTS:			

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP N 992003000356126

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. * 0722461562

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

E-mail * justyn squires@yahoo.com

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

Title * MR Initials * J Surname * SQUIRES

Street 23 E. ARMARTA City

Suburb Area Code OANA BAY

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 * 30 - 09 - 2024

Date of Implant * 27 - 09 - 2024

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

Name of Vet who implanted the Chip THEMBA MALINGA

PET DETAILS

Pet Name BISCUIT Date of birth 2024

Species * DOG Breed * PITBULL/BOERBOEL X BREED

Colour CREAM/BROWN/BLACK Markings

Gender Male (Female) 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

One of the Global One money management products or services

Savings Account Statement

CAPITEC

MR JUSTYN CHARLES SQUIRES
23 E ARMATA STREET
DANA BAY
MOSSEL BAY
6510

Capitec Bank
17/09/2024
Branch:
Device: 9003

SkyQR App Store Google Play AppGallery
Validate this document using SkyQR

Tax Invoice

VAT Registration Number
4680173723

Capitec Bank Limited
5 Neutron Road
Techno Park
Stellenbosch
7600

From Date: 01/06/2024
To Date: 17/09/2024
Print Date: 17/09/2024

Account Number: 1540819629

Posting Date	Transaction Date	Description	Money In (R)	Money Out (R)	Balance (R)
					5 777.40
01/06/2024	01/06/2024	DebiCheck Debit Order (1791733764): Thebox (M2F42219)		-423.00	5 773.90
01/06/2024	01/06/2024	DebiCheck Collection Fee		-3.50	5 010.90
01/06/2024	01/06/2024	Eft Debit Order (1787496940): Dischemmi (S 02070912 C73)		-763.00	5 007.40
01/06/2024	01/06/2024	Debit Order Fee		-3.50	4 994.08
01/06/2024	01/06/2024	Live Better Interest Sweep		-13.32	3 994.08
01/06/2024	01/06/2024	Banking App Immediate Payment Kyle Squires		-1 000.00	3 993.08
01/06/2024	01/06/2024	Immediate Payment Fee		-1.00	3 992.73
01/06/2024	01/06/2024	SMS Payment Notification Fee		-0.35	4 152.73
01/06/2024	01/06/2024	Payment Received C Squires	160.00		3 842.76
02/06/2024	31/05/2024	Recurring Card Purchase: Apple.com/bill Itunes.com (Card 9917)		-309.97	3 837.76
02/06/2024	31/05/2024	International Processing Recurring Card Purchase Fee: Apple.com/bill		-5.00	3 521.10
02/06/2024	31/05/2024	Online Purchase: Snapscan Lottoland Sou Rosebank (Card 9917)		-316.66	1 021.10
03/06/2024	02/06/2024	Eft Debit Order (1790389585): SI-debits (SANLAM 17)		-2 500.00	1 017.60
03/06/2024	02/06/2024	Debit Order Fee		-3.50	877.62
03/06/2024	01/06/2024	Recurring Card Purchase: Apple.com/bill Itunes.com (Card 9917)		-139.98	874.62
03/06/2024	01/06/2024	International Processing Recurring Card Purchase Fee: Apple.com/bill		-3.00	624.64
03/06/2024	01/06/2024	Recurring Card Purchase: Apple.com/bill Itunes.com (Card 9917)		-249.98	619.64
03/06/2024	01/06/2024	International Processing Recurring Card Purchase Fee: Apple.com/bill		-5.00	459.66
03/06/2024	01/06/2024	Recurring Card Purchase: Apple.com/bill Itunes.com (Card 9917)		-159.98	456.66
03/06/2024	01/06/2024	International Processing Recurring Card Purchase Fee: Apple.com/bill		-3.00	256.67
03/06/2024	01/06/2024	Recurring Card Purchase: Apple.com/bill Itunes.com (Card 9917)		-199.99	253.67
03/06/2024	01/06/2024	International Processing Recurring Card Purchase Fee: Apple.com/bill		-3.00	252.23
03/06/2024	03/06/2024	Live Better Round-up Transfer		-1.44	332.23
03/06/2024	03/06/2024	Payment Received C Squires	80.00		329.23
03/06/2024	03/06/2024	International Online Purchase Insufficient Funds Fee: Apple.com/bill Itunes.com Ie		-3.00	529.23
03/06/2024	03/06/2024	Payment Received C Squires	200.00		375.91
03/06/2024	03/06/2024	Eft Debit Order (1798597048): Cap Legacy (280444585 NETC)		-153.32	372.41
03/06/2024	03/06/2024	Debit Order Fee		-3.50	239.35
03/06/2024	03/06/2024	Eft Debit Order (1798578178): Cap Legacy (280573574 NETC)		-133.06	235.85
03/06/2024	03/06/2024	Debit Order Fee		-3.50	

Patient History

VITALVET INC
044 6906000
0866477605
Cnr of Church and Spring Street
Mossel Bay

6500

Patient Name:	**NICKY**	**Mr JUSTIN SQUIRES**
Breed:	Cross breed - small	
Date of Birth:	2024/09/17	
Gender:	Female	
Sterile:	NO	

To Whom it May Concern

This letter is to confirm that 'Nicky' a cross breed terrier is booked in for sterilization at Vitalvet Mosselbay on the 23/09/2024

I estimate her age to be 8 to 9yrs of age .

She was clinically healthy on examination.

Yours Sincerely
Dr Helen Pringle BVSc

17/09/2024

vitalvet
Tel: 044 690 6000
C/o Church & Spring Str. Mossel Bay

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel 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

DATE 23/1/2024

DOCTOR'S NAME Dr Helen Pringle BVSc

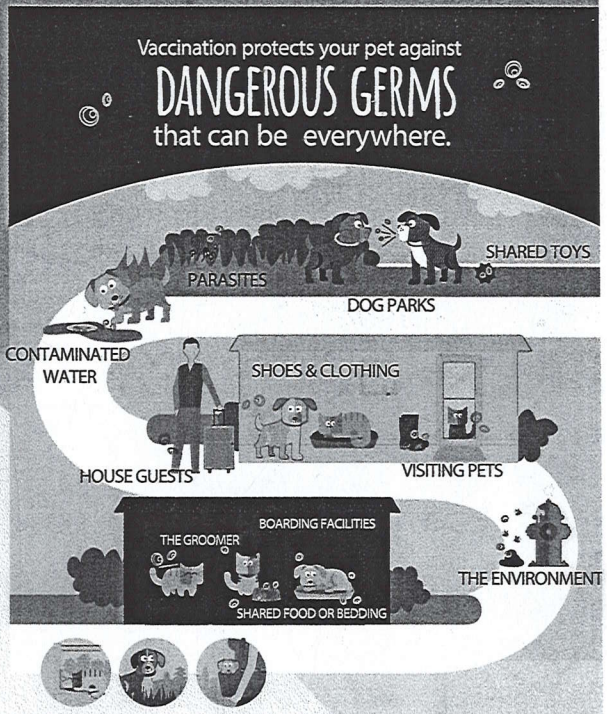
vitalvet
Tel: 044 690 6000
C/o Church & Spring Str. Mossel Bay

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 CAR



PET'S NAME Nicky

MY VET

vitalvet

Dr. Helen Pringle
BVSc
Dr. Conrad Kruse
BVSc
Dr. Johann Rauch
BVSc

044 - 690 6000 info@vitalvet.co.za

22 Church Street, Mossel Bay

MY OWNER

NAME	Justin Squires
POSTAL ADDRESS	
STREET ADDRESS	
HOME PHONE	
WORK PHONE	
CELLPHONE	072 2461562
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	Cross Breed
COLOUR	Brown
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
4 wks		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/9/2024	Nobivac® DHPPi Batch: A774E01 Exp: 02-2026; NOBIVAC® L6 Batch: A380A02 Exp: 05-2025; NOBIVAC RABIES A588A02 10-2025	
	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 (isoquinoline) 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.

Find us on: facebook.

Quantel Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/Bravecto.SouthAfrica

www.mosselbay.gov.za
admin@mosselbay.gov.za
044 606 5000
000 000 0000

Mossel Bay
MUNICIPALITY
MOSSEL BAY | HARTENBOS | GREAT BRAK RIVER | HERBERTSDALE

In antwoord verwys na nommer 1/2/3/8 M CLAASSEN
In reply quote number C12080356
Xa Uphendula chaza Le Nombolo

20 September 2024

Me. Justyn Squires
epos: avfisheries@gmail.com

Geagte Mev. Justyn Squires

AANSOEK OM MEER AS TWEE HONDE OP ERF AAN TE HOU, DRIE (3) HONDE TE 23 E.ARMATA STRAAT , DANABAAI, MOSSELBAAI.

Goedkeuring word verleen om meer as twee honde op u erf aan te hou en word beperk tot die geval van 3 (drie) honde totdat sodanige honde sou afsterf of verminder en slegs twee honde per erf toelaatbaar sal wees volgens die Munisipale Verordening insake die regulering van die aanhou van honde, Pk 6678 gedateer 20 November 2009, onderworpe aan die volgende voorwaardes, naamlik:-

1. Dat die honde nie die gewone gerief, gemak, vrede en rus van die bure of enige ander mense versteur nie;
2. Deur op enige wyse of gedrag 'n oorlas skep of 'n pes word nie;
3. dat die honde nie in enige openbare pad of plek sal vrylik rondbeweeg, behalwe as sodanige hond aan 'n leiriem gehou en onder beheer van 'n verantwoordelike persoon is;
4. Dat die perseel waar die honde aangehou word, behoorlik en voldoende omhein is om sodanige honde binne te hou.
5. Dat u weer moet aansoek doen vir die hersiening van die permit nie later as 1 October 2026.

Die nie-nakoming van bogenoemde voorwaardes mag by 'n vêrdere ondersoek van 'n klagte waartydens stawende bewys gevind word en/of 'n skuldig bevinding deur 'n Hof, hierdie toestemming mag nietig verklaar.

Die Uwe

18

E. NEL
DIREKTEUR: GEMEENSKAPSDIENSTE

MOSSEL BAY MUNICIPALITY
P O Box 25
Mossel Bay
6500

Tel No: +27 (044) 606 5201
Faks No: +27 (044)
e-mail: admin@mosselbay.gov.za
Web site: www.mosselbaymun.co.za

SURROUNDING RESIDENT'S CONSENT FORM

SUBJECT PROPERTY (Erf number, Suburb, town & Street address):

23 E. Armarta street Danabay

BRIEF DESCRIPTION iro APPLICATION:

Get permission for two extra dogs.

CONSENT OF SURROUNDING RESIDENT'S:

I / We the undersigned residents of surrounding properties, confirm that I / we are informed of the applicants intention in respect of the abovementioned application and that I / we have no objection in keeping more than two (2) dogs and/or two (2) cats on the stated property. They do not cause any disturbance or nuisance.

Name of resident	Physical address	Signature
FP Botha	21 E Armada St	[signature]
Tania Solomon	40a Flora Road	[signature]
C Rool	22 E Armata	[signature]
N. Langeberg	19 E. Armata	[signature]
A. de Klerk	28 E. Armata	[signature]
A. Barnard	E. ARMATA 20, Danabay	[signature]

I hereby confirm that the above signatures were obtained from the stated residents.

SIGNATURE OF APPLICANT [signature] DATE 17/09/24