

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number

ADMISSION NO:

MBY 3348

CONTRACT NO:

MA00031T

Adoptee INFO:

Name & Surname René Theron

Contact INFO: 073 203 1030

Completed by: [Signature]

Date: 20/09/2024

Manager: [Signature]

Date: 20/09/2024

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

This checklist must be completed and attached to the front of every adoption that has been processes.
All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
THERON
Names:
RENÉ
Sex:
F
Nationality:
RSA
Identity Number:
8401040004089
Date of Birth:
04 JAN 1984
Country of Birth:
RSA
Status:
CITIZEN



Signature:
R. Theron



MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000356128

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 073 203 1030

E-mail * renelemley@gmail.com

Title * MRS Initials * R

Street 17 HARTBOS PARK

Suburb WASSENAAR STR

Country

Phone - Day time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

CHIP DETAILS

Registration Date * 30 - 09 - 24

Date of Implant * 19 - 09 - 24

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip NDYEBU NGQGLB

PET DETAILS

Pet Name

Species * CANINE

Colour BLACK

Gender Male ☒ Female

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

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

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.

Surname * THERON

City

Area Code HARTENBOS

Province

Phone - Night time

Surname *

Surname *

Surname *

Date of birth 2024

Breed * STAFFIE

Markings

Sterilised Yes ☒ No

MEDICAL

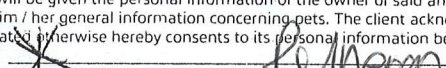
Medical Conditions

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 its 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 info@backhome.co.za

Conditions:

Date of Issue:

This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997

04 JAN 2018

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

40381



105653005



ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. K27 K37		ADMISSION No. MBY3348				
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in 18/07/24			Time in 08:00		Date for release 12/09	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked ☒ Yes ☐ No	Lost & Found Date checked 18/07/24
Microchip/Collar or ID tag found ☒ Yes ☐ No	Date scanned or checked 18/07/24	Microchip or ID Tag number	NONE	

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify)		
	Breed	Staffie x		Colour and Markings	Black
	Condition	Good		Sex	Female
	Temperament	Good		Sterilisation details	NO
	Coat	Tail long	Teeth Condition none	Ears up	Size small
	Area found / collected from Mom found in Grootbrak				Date 18/07/24
	Reason for surrender Born in kennel on 18/07				

ASSESSMENT		Surrendered by				Name		Fourie Prins	
GOOD WITH: Yes No		Found by		Residential Address		G.B. 2 Pinula singel			
Children				Grootbrak					
Cats				Postal Address		N/A			
Other Dogs				Tel (H)		Tel (W)		Cell	
Livestock/Other				N/A		N/A		0781392438	
DO THEY: Yes No		Jump Fences		Email		N/A			
Run Away				Donation R		Cash		Card	
				N/A		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 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 uitdrukk 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 Refer to MBY 3356	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.
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 te bewerkstellig.
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.
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. Any charges endorsed hereon are due and payable on request.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. The Society will not home any animal unsterilised.
4. Die Vereniging sal geen dier plaas wat ongesteiriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising
signature

Witness for Society
signature

Reason for Euthanasia

Euthanasie 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 / Cr
and ID tag giv



992003000356128

Date

20/09/24

MEDICAL RECORD

Date	Remarks	Treatment	Cost
2/9/24	Antorale		
	Nyt - 2/10/24		

PTS APPROVAL

NAME

SIGN

GARDEN ROUTE SPCA

ADOPTION VET CHECK - DR. DEMPSEY/DR SUZAAN

KENNEL	K27	DATE	02/09/24
CARD NR	MBY-3348	BREED	Staffie
COLOUR	Black	STRAY/DONATED	Stray
ANIMAL NAME		MALE/FEMALE	Female
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	12 mos 5 weeks

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

COMMENTS:



MA 00031T

**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 Rene' TheronHOME ADDRESS: 17 Harebas Park; Wassenaar Str. HarebasID NO.: 840104 0004 089POSTAL ADDRESS: Same as aboveTEL NO (H): _____ (B): 011 695 1470CELL NO: 073 203 1030 FAX NO: _____E-MAIL: renelemley@gmail.com theronjaun7@gmail.comAddress where animal will be kept: Same as above.Reason for wanting an animal: PetOccupation: financial admin assistantDo you own or rent your property: own Do you have consent from owner / Body Corporate? _____

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

Reason for wanting an animal: _____

Is the animal for yourself? _____ YES/NO

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

What breed of dog or cat are you interested in? Staffie

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

How many animals live on your property DOGS _____ CATS _____ OTHER none.

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

Are all your animals sterilised? Give details _____

How many dogs and cats have you owned over the past 3 years? DOGS _____ CATS _____ OTHER n/a.Which animals do you still have, and what happened to the others? n/a.Is your property fenced and has a proper gate? yes Will you chain/cage an animal? noFull description of the fencing and gate: wooden gate & palacide fencing. Height: _____

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER _____

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

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. Theron

Date of application

14/09/2024.

ADMISSION No.
TOELATINGSNR.

MBY 3348



ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male / Female
Microchip and		

992003000356128

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

- I do hereby confirm and undertake that:
- I am over eighteen (18) years of age.
- All family members agree to the adoption and will abide by the conditions in the contract.
- 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.
- I will give the animal a fair chance to adjust to its new home.
- I understand that donations are not refundable or transferable.
- I will feed and house the animal to the Society's satisfaction.
- 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.
- I can afford the services of a private veterinary practitioner.
- I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
- 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.
- I will ensure that the animal is sterilised as stipulated by the Society.
- 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.
- My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
- I will notify the Society within forty-eight (48) hours should the animal die or go missing.
- I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
- 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.
- I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
- 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.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluttende voorletters):

HOME ADDRESS
WOONADRES: 17 Hartbos Park, Wassenaar

TEL No (H): STR, Hartenbos
TELEFOON Nr (H):

CELL No:
SELFPOON Nr: 073 203 1030

E-MAIL:
E-POS: renelemley@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R150

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 4594

VEHICLE REG No.
VOERTUIG REG Nr. CBS 63126

VEHICLE MAKE:
VOERTUIG MAAK: VW

COLOUR:
KLEUR: Silver

SIGNATURE
HANDTEKENING: R. Norm

WITNESS FOR SOCIETY:
GETUIE VIR VEREEENING:

DATE IN ADOP: 20/09/2024



Garden Route

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

UITPLASINGSKONTRA

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuisle sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plezier 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.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familielede stem saam oor die aanname en sal al die voorwaardes in die kontrak nakom.
- 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 onkoste 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 onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en klient skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuisle gewoond te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
- 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.
- Ek kan die dienste van 'n private veeartsnykundige bekostig.
- 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.
- Ek verstaan dat, indien die dier siek word (baserings uitgesluit), binne sewe (7) dae van aanname, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
- Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir kattle gebruik word.
- My erf is behoorlik omheg en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- 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.
- Ek sal nie die dier gebruik of toelaat dat die dier as 'n wag hond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per geregistreerde 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 weerechtheid of verwaarloos 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.

René Theron

ID/PASSPORT No.: 84 0104 0004 089
ID/PASPOORT Nr.:

(B):
(W):

FAX No:
FAKS Nr:

MY OWNER

NAME

René Theron

POSTAL ADDRESS

STREET ADDRESS

17 Harenbos Park

Wassenaar Str. Harenbos

HOME PHONE

WORK PHONE

CELLPHONE

073 203 1030

BREEDER DETAILS

ME

SPECIES

CANINE

BREED

STAFFIE

COLOUR

BLACK

SEX

FEMALE

DATE OF BIRTH

2024

MICROCHIP/TATTOO



992003000356128

FEATURES/MARKS

NEXT VACCINATION DUE

DATE

DATE

DATE

02/10/2024

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

02/09/24



V.A.

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



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 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3882 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), 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 (scofenolone) 50 mg/tablet and Fenbendazole (benzimidazole) 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 Fenbendazole 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 Fenbendazole 525 mg, Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.



MSD Animal Health



Exitel Plus

Exitel Plus XL



facebook.com/BravectoSouth



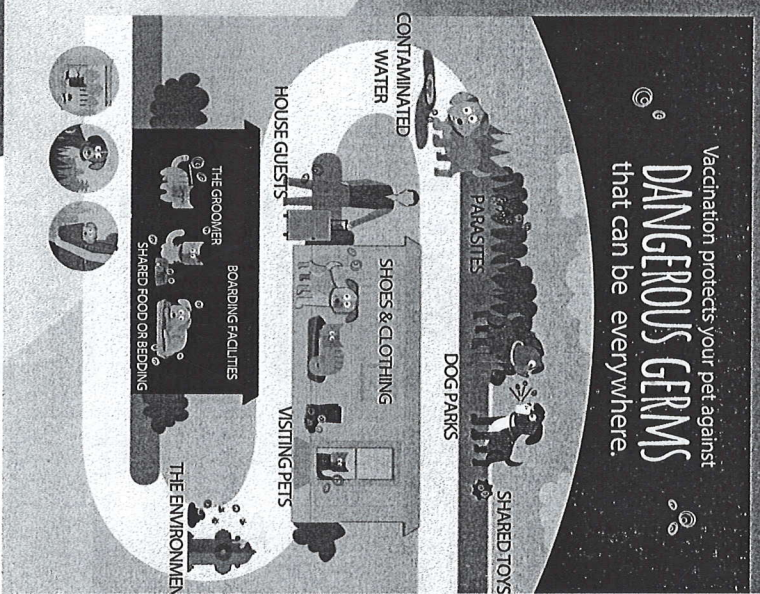
RABIES MOVEMENT PERMIT

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.

VACCINE RECORD CARD

Vaccination protects your pet against
DANGEROUS GERMS
that can be everywhere.



CERTIFICATE OF STERILISATION

PRACTICE STAMP

VETERINARIAN'S SIGNATURE

DATE _____

DOCTOR'S NAME

PRACTICE STAMP



Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA

www.msd-animal-health.co.za ZA-NOV-211200001

PET'S NAME _____

MY YET

GARDEN ROUTE SPCA
MOSEL BAY

18 BILL JEFFERY AVE
KWANONGABA

044 693 0824
072 287 1761

theatrem@grspca.co.za

Consulting Hours

Monday and Friday: 12:00 - 16:00

Wednesday: Closed

Tuesday and Thursday: 09:00 - 16:00
Saturday: 09:00 - 11:00

MA00031T

992003000356128



ADMISSION NO

MBY 3348

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALSPASSED: ☐ YES / ☐ NO

DATE UNDERTAKEN:

19/02/2024

TIME: 11:30

NAME OF APPLICANT: René Theron

ADDRESS: 17 Harebas Park, Wassenaar Str., Hartenbos

HOME TEL No:

CELL No: 073 203 1030

ANIMAL(S) ADOPTING: Staffie puppy

SEX: Female

AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:		Suitability of fence (i.e. small pets can't escape):	
Suitable shelter? (i.e. Kennel in protected area)	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☒ / NO ☐	If yes, what partitioning?	Wood gate
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?	0

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS☐ SMALL DOGS☐ MEDIUM DOGS☐ LARGE DOGS

INSPECTED BY: Kuer

SPCA: Nessel/ham

SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 00031 T

DATE: 20/09/24

between Mosselbay SPCA

and

Name René Theron

Address _____

Telephone Numbers (H) _____ (B) 073 203 1030

to have vaccinated against rabies **within one (1) month of the adoption/due date** (delete whichever is not applicable):

Animal's Name _____ Sex Female Age 8 weeks

Description Staffie

On (due date) _____ Adoption Form No. MA 00031 T

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

1. Should the animal be taken to another Veterinary Hospital or Clinic for the vaccination without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred and the owner is obligated to provide the Society with proof of the vaccination within one (1) month of the date of adoption.
2. If the animal is not vaccinated on the due date mentioned above, the Society reserves the right to repossess 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 repossess and/or inspect the animal.
3. This animal cannot be passed on to a new owner. Refer to Adoption Contract.
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 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: [Signature]

For SPCA: [Signature]

CONFIRMATION OF RABIES VACCINATION:

Vet: [Signature] Signed: _____

Date: _____