ADOPTION CHECKLIST

ADMISSION NO: MBY_3349

CONTRACT NO: MA000040T

- [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 03/10/24
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000356121

Adoptee INFO:

Name & Surname Nancy Beekink

Contact INFO: 071 2076985

Completed by: _____ Date: 04/10/24

Manager: _____ Date: 04/10/24

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. ~~K37~~ K37				ADMISSION No. Loaded MBY3349		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Space Request for euthanasia
Date in 18/07/24			Time in	08:00	Date for release	12/09

IDENTIFICATION & LOST AND FOUND						
Lost & Found checked	X Yes / No	Lost & Found Date checked	18/07/24			
Microchip/Collar or ID tag found	Yes / X 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	Male	Age 1 day
Temperament	Good		Sterilisation details	NO	Name
Coat Short	Tail long	Teeth Condition NONE	Ears up		Size small
Area found / collected from	Mom found in GB				Date 18/07/24
Reason for surrender	Born in kennel on 18/07				

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

Surrendered by / Found by	X	Name	Fourie Prins
Residential Address			6 B. 12 Pinula singel Groot brak
Postal Address			N/A
Tel (H) N/A	Tel (W) N/A		Cell 0781292488
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 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 Refer to MBY3356	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging to bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

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

CLAIMANT

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

Residential Address: _____

_____

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

Postal Address: _____

E-mail Address: _____

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

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

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID tag given 992003000356121 Date 04/10/24

MEDICAL RECORD

Date	Remarks	Treatment	Cost
2/9/24	Antenolo		
	NXT-2/10/24		
04/10/24	Vac + amoxsol0		
	NXT-1 Nov 2024		

PTS APPROVAL

NAME	SIGN

GARDEN ROUTE SPCA			
ADOPTION VET CHECK - DR. DEMPSEY/DR SUZAAN			
KENNEL	K 37	DATE	02/09/24
CARD NR	MBY_3349	BREED	Jack russel
COLOUR	Black	STRAY/DONATED	Stray
ANIMAL NAME	.	MALE/FEMALE	Male
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	
GENERAL HEALTH			
EARS	/		
EYES	/		
TEETH	/		
NOSE	/		
LUNGS	/		
HEART	/		
ABDOMEN	/		
HIP	/		
SKIN & COAT	/		
FIT FOR ADOPTION	Yes		
COMMENTS:			

MA000240T

Patat.
K37
Stellenbosch.

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): Nancy Beekink.

HOME ADDRESS: 25 Stasiekop Weg

Groot Brakrivier ID NO.: 6525

POSTAL ADDRESS: _____

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

CELL NO: 071 207 6985 FAX NO: _____

E-MAIL: n.beekink@outlook.com

Address where animal will be kept: 25 Stasiekop

Reason for wanting an animal: ♡

Occupation: e-commerce / health - home work

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

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

Reason for wanting an animal: _____

Is the animal for yourself? YES/NO

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

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

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

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

What are the sexes of your animals? DOGS: Male _____ 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 1 OTHER _____

Which animals do you still have, and what happened to the others? many dogs earlier.

Is your property fenced and has a proper gate? yes Will you chain/cage an animal? _____

Full description of the fencing and gate: full fence Height: _____

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER home inside

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

Pre Home Inspection Fee: R100 Receipt No.: 4609

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** _____

MA000407

992003000356121 ADMISSION NO MBY 334a

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 31/10/24 TIME: 11:40

NAME OF APPLICANT: Nancy Beekink

ADDRESS: 25 Stasiekop weg, Groenbrak

HOME TEL No: CELL No: 0712076985

ANIMAL(S) ADOPTING: Staffie

SEX: Male AGE: 10 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: wire fence 1.2m		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?	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 No animals on property. Big property secured safe

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

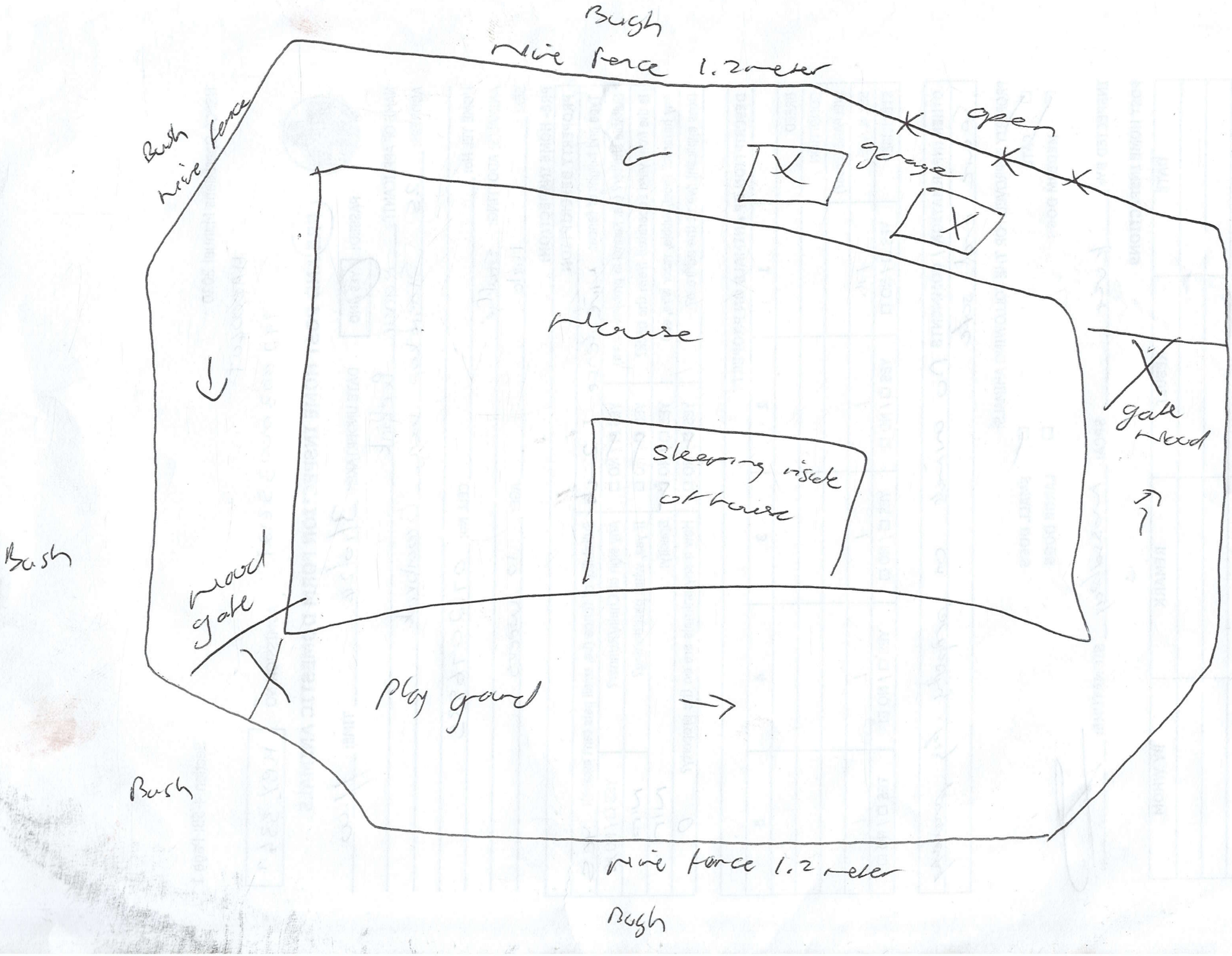
- ☒ CATS
- ☒ SMALL DOGS
- ☒ MEDIUM DOGS
- ☐ LARGE DOGS

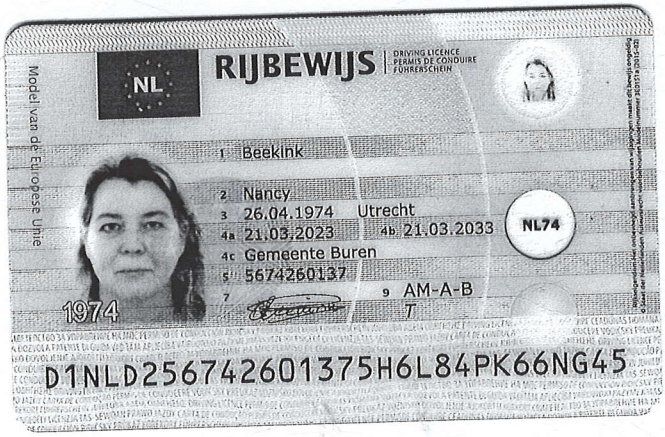
INSPECTED BY: Kurt SPCA: Mossel Bay SIGNATURE:

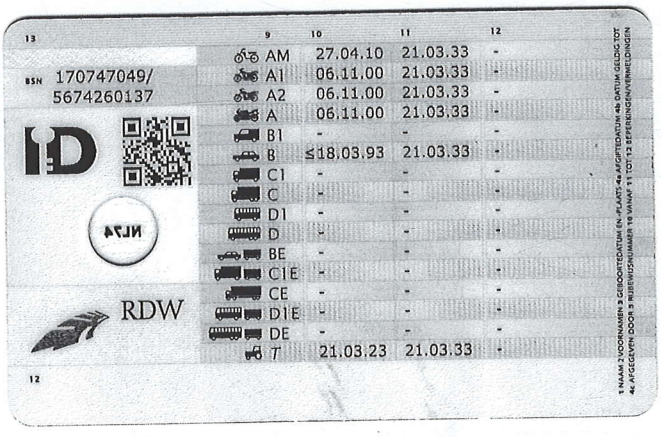
POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE


Bush
Wire fence 1.2 meter
Bush
Wire fence
open
garage
House
Steering inside of house
gate
wood
wood
gate
Bush
Play ground
Bush
Wire fence 1.2 meter
Bush


NL
RIJBEWIJS
DRIVING LICENCE
PERMIS DE CONDUIRE
FÜHRERSCHEIN
Model van de Europese Unie
1 Beekink
2 Nancy
3 26.04.1974 Utrecht
4a 21.03.2023
4b 21.03.2033
NL74
4c Gemeente Buren
5 5674260137
7
9 AM-A-B
T
1974
D1NLD256742601375H6L84PK66NG45


13
BSN 170747049/
5674260137
NLZ4
RDW
12
9 10 11 12
AM 27.04.10 21.03.33 -
A1 06.11.00 21.03.33 -
A2 06.11.00 21.03.33 -
A 06.11.00 21.03.33 -
B1 - - -
B ≤18.03.93 21.03.33 -
C1 - - -
C - - -
D1 - - -
D - - -
BE - - -
C1E - - -
CE - - -
D1E - - -
DE - - -
T 21.03.23 21.03.33 -
1. NAAM 2. VOORNAMEN 3. GEBOORTEDATUM EN -PLAATS 4a. AFGIFTEDATUM 4b. DATUM GELDIG TOT
4c. AFGEGEVEN DOOR 5. RIJBEWIJSNUMMER 10. VANAF 11. TOT 12. BEPERKINGEN/AANTEKENINGEN

Schedule A

Lease Agreement Details

Tenant Details ("Tenant")

Tenant 1		Tenant 2	
Full names	Michael Sonder	Full names	Nancy Beekink
Passport number	NP6933625	ID number	NURPBKP14
Mobile number	065-5453212	Mobile number	071-2076985
Landline number	-	Landline number	-
Physical address		Physical address	
Postal address		Postal address	
Email address	info@euria.biz	Email address	n.beekink@outlook.com
Employer name		Employer name	
Job title		Job title	
Employment address		Employment address	
Work phone number		Work phone number	

Landlord's Details ("Landlord")

Full names	Dominic Oettl	ID / Regis number	8001145070082
Email address	dominicoettl@hotmail.com	Mobile number	0828561577
Landline number		Fax number	
Physical address	57 Main St, Paarl, 7646	Postal address	
Bank	FNB	Branch name	Sandton
Account number	62753366494	Branch Code	250655

Property Details ("Premises")

Physical address	25 Stasiekop Grootbrak Hoogte		
Purpose of use	Residential		
Pet restrictions	2	Max occupants	6

NB MS 190

Lease Details and Rental

Commencement Date	01/09/2024	Termination Date	31/08/2025	
Lease Period	12 months	Agreement fee	n/a	
Monthly Rental	R25,000.00 (Twenty-Five Thousand Rand)	Deposit	R25,000 (Twenty-Five Thousand Rand)	
Wifi	Excluded in lease amount	Water Electricity	Excluded Pre-paid	Excluded – Tenant to pay

Signatures

The Landlord lets to the Tenant, who hires, the Premises in accordance with the terms and conditions set out below. Each signatory warrants that s/he is duly authorised to sign this Lease Agreement.

By signing below, the Tenant confirms that s/he has read this Lease Agreement, and understands the contents. If there are any clauses or provisions that s/he did not understand, s/he has asked the Landlord for clarity, and is satisfied with and understands the response. Tenant confirms that s/he signs this Agreement voluntarily and without duress.

For Tenant 1		Signature	Michael Souder
For Tenant 2		Signature	
Date	16/08/2024	Place	Glentana
Witness name		Witness signature	
For the Landlord		Signature	
Date	16/08/2024	Place	Paarl
Witness name		Witness signature	

Schedule B

Terms and Conditions of Lease

Landlord is the owner of the Premises identified in Schedule A, and Tenant wishes to lease such Premises. It is agreed that the Tenant will lease the Premises from the Landlord on the terms and conditions contained in this Agreement.

1. **Definitions**

1.1. In this Agreement:

1.1.1. "Agreement" means these Terms and Conditions of Lease, as read with the Lease Agreement Details in Schedule A.

1.1.2. "Commencement Date" means the date reflecting as the "Commencement Date" in Schedule A.

1.1.3. "Deposit" means the amount reflecting as the "Deposit" in Schedule A.

1.1.4. "Landlord" means the person identified as the "Landlord" in Schedule A.

1.1.5. "Tenant" means the person or persons identified as the "Tenant" in Schedule A. Where more than one Tenant signs this Agreement, all the Tenants will be collectively referred to as the "Tenant", and will be jointly and severally bound to the terms and conditions of this Agreement.

1.1.6. "Termination Date" means the date reflecting as the "Termination Date" in Schedule A, which date will not be more than 24 (twenty-four) months after the Commencement Date.

1.1.7. "Rental" means the amount reflecting as the "Monthly Rental" in Schedule A, which amount will be payable on an annual basis.

1.1.8. "Furniture and Fittings" means all movable items provided by the Landlord within the Premises that are not

NB MS 190

MY OWNER

NAME	Nancy Beekink
POSTAL ADDRESS	
STREET ADDRESS	25 Stasiekop Weg
	Grootbrak
HOME PHONE	
WORK PHONE	071 2076985
CELLPHONE	
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	STAFFIE
COLOUR	BLACK
SEX	MALE
DATE OF BIRTH	2024
MICROCHIP/TATTOO	992003000356121
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
Nov 2024		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
02/09/24	For Animal Use Only VANGUARD® PLUS 5 Reg.No. G2238 (Act 36/1947) Namibia only: V97/24.1/925 NS2 U.S. Veterinary License No. 190 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus 1 Dose zoetis Ser: 711393 Exp: 01 JUL 25	A.H.T
	MSD Animal Health	
03/10/24	Ser: 021121A77E Exp: 22-OCT-2025 PEEL HERE Nobivac® 1-DAPPv	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

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

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.
My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk.
Now it is up to you to keep my vaccinations up to date as advised by my vet!

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

MSD Animal Health

Nobivac Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on facebook. facebook.com/Bravecto.SouthAfrica

MA000407

ADMISSION No.
TOELATINGSNR. MBY3349

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed :	Male/Female
Microc	992003000356121	

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.

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 er 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 veeartsenykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir katte gebruik word.
14. My erf is behoorlik 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 geregistreade pos in kennis stel van enige verandering van adres

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

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

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

HOME ADDRESS
WOONADRES: 25 Stasiekop Weg Grootbrak

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

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

(B):
(W):

CELL No:
SELFOON Nr: 0712076985

FAX No:
FAKS Nr:

E-MAIL:
E-POS. n.beekink@outlook.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 4635

VEHICLE REG No.
VOERTUIG REG Nr. CBS76944

VEHICLE MAKE:
VOERTUIG MAAK: Hyundi

COLOUR:
KLEUR: ~~Black~~ Grey

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VERENIGING:

DATE / DATUM: 04/10/2024.

Backhome

Virba

* COMPULSORY F
* PRINT INFORMA

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000356121

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. * 071 2076985

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

E-mail * n.beekink@outlook.com

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

Title * MRS Initials * N. Surname * BEEKINK

Street 25 STASIEKOP WEG City

Suburb Area Code GROOTBRAK

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 * 04 - 10 - 2024

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name VICTOR Date of birth 2024

Species * CANINE Breed * STAFFIE

Colour 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 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 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 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 personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by _____ Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____

REGISTRATION PROCESS – Please use one of the following option to register on the backhome database

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