ADOPTION CHECKLIST

ADMISSION NO: T0710

CONTRACT NO: MA000042T

- [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 sterillization Contract Done 10/10/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip numb 992003000356085

Adoptee INFO:

Name & Surname Liani Swanepoel

Contact INFO: 066 287 8331

Completed by: _____ Date: 11/10/2024

Manager: _____ Date: 11/10/2024

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No.	~~K[illegible]~~ CB7				ADMISSION No.	T 0710
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	16/08/24		Time In	08:00	Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	X Yes / No	Lost & Found Date checked	16/08/24

Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	16/08/24.	Microchip or ID Tag number	

DESCRIPTION & HIST.

Dog (O)	Cat	Other species (Specify)		
Breed	Staffie	Colour and Markings	Black.	
Condition	Good	Sex	♀	Age 1 day
Temperament	Good	Sterilisation Details	NO	Name
Coat Short	Tail long	Teeth Condition NONE	Ears up	Size Small
Area found / collected from	In kennel.			Date
Reason for surrender	Puppies were born here on 16/08/24			

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

Surrendered by / Found by	X	Name	M. Wentzel			
Residential Address	Mosselbay SPCA					
Postal Address	N/A					
Tel (H)	N/A	Tel (W)		Cell	0715161517	
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: Mariaan

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 MBY 3663	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 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 die dien verstande dat die Vereeniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om smerteloos vernietiging te bewerkstellig

2 Indien, volgens mening van 'n vecarts 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		Y	992003000356085
		N	

Date _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
1/10/24	Milbemax		
	Next 1/11/24		

PTS APPROVAL	
NAME	SIGN

GARDEN ROUTE SPCA

ADOPTION VET CHECK - DR. DEMPSEY/DR SUZAAN

KENNEL	K18	DATE	
CARD NR	T0710	BREED	Staffie X
COLOUR	Black	STRAY/DONATED	Stray
ANIMAL NAME		MALE/FEMALE	Female
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED	No	AGE	1 month

GENERAL HEALTH

EARS	✓
EYES	✓
TEETH	✓
NOSE	✓
LUNGS	✓
HEART	✓
ABDOMEN	✓
HIP	✓
SKIN & COAT	✓
FIT FOR ADOPTION	Yes
COMMENTS:	

MA000042T

staffie black ♀
T0710

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): Liani (L) Swanepoel

HOME ADDRESS: 13 Apiesdoringstr

Masselbaai ID NO.: 7704150152080

POSTAL ADDRESS: As Above

TEL NO (H): _____ (B): 0648173550 (Kobus)

CELL NO: 066 287 8331 FAX NO: _____

E-MAIL: liaswansie@gmail.com

Address where animal will be kept: As Above

Reason for wanting an animal: Animal Lover

Occupation: Artist

Do 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: 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? Masselbay Animal Hospital

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

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned over the past 3 years? DOGS 4 CATS _____ OTHER _____

Which animals do you still have, and what happened to the others? 1, Put down due to old age

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

Full description of the fencing and gate: Wall / brick Height: _____

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No.: 84616.

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 Swanepoel **Date of application** 27 Sept 24

MA0004 2T

992003000356085

ADMISSION NO T0710

DBV SPCA

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 11/10/24 TIME: 10:53

NAME OF APPLICANT: Liani Swanepoel

ADDRESS: 13 Apiesdoring Str, Heidevand

HOME TEL No: CELL No: 066 287 8331

ANIMAL(S) ADOPTING: Staffie X.

SEX: Female AGE: 8 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Bricks/wood 2meter		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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Bulldog X				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	male / 8yrs	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Animal loves, Big property. Secure and safe. Running free in property

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

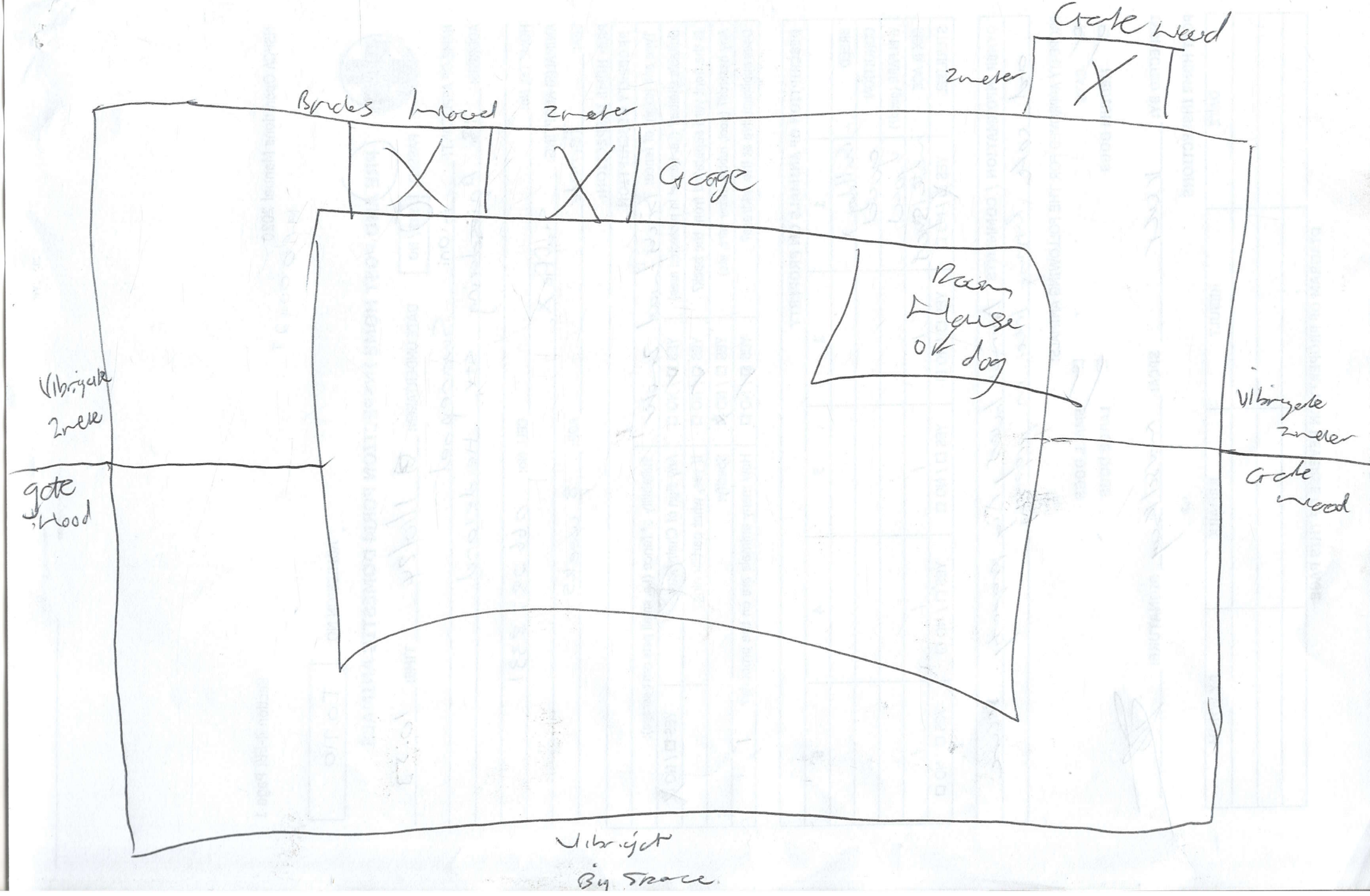
- ☐ CATS
- ☑ MEDIUM DOGS
- ☐ SMALL DOGS
- ☑ LARGE DOGS

INSPECTED BY: Vicki SPCA: Marsel Kruy SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE


Garde Hood
2meter
Brides Hood
2meter
Garage
Room House or dog
Vlbrigde 2mete
Vlbrigde 2meter
gate Hood
Garde Hood
Vlbrijct
By Grace

MY OWNER

AME	Liani Swanepoel
OSTAL ADDRESS	
TREET ADDRESS	13 Apiesdoring STR.
	Mosselbaai
OME PHONE	
ORK PHONE	
ELLPHONE	066 287 8331
REEDER DETAILS	

ME

PECIES	CANINE
REED	STAFFIE
OLOUR	BLACK
EX	FEMALE
ATE OF BIRTH	16/08/2024
ICROCHIP/TA	992003000356085
EATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
21/11/2024		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
01/10/24	Nobivac® DHPPi Nobivac® L-DAPPv Serial: 02121A77E Exp.: 22-OCT-2025 PEEL HERE + Milbemax	A.H.T.
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

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

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

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

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

uantel
ORMER 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 10/10/2024.

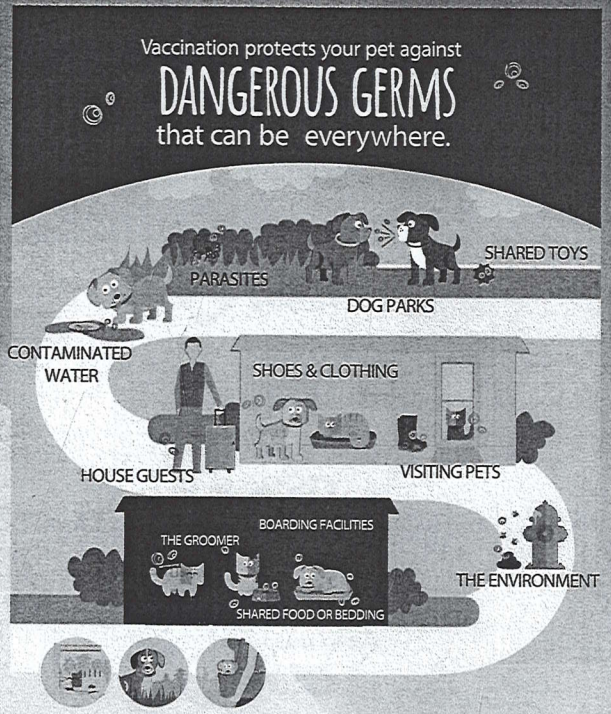
DOCTOR'S NAME Dr. A.J. Schuller.

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
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

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

ADMISSION No.
TOELATINGSNR. T0710

DBV SPCA Garden Route

ADOPTION CONTRACT

MA000427

DOG / CAT	Breed	Male/Female
Microchip and		

992003000356085

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.

DBV SPCA 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 baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. Ek sal nie die dier vasketting of gehok hou nie, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private 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 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): Liani Swanepoel

HOME ADDRESS
WOONADRES: 13 Apiesdoring Str, Heiderand

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7704150152080

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

(B):
(W):

CELL No:
SELFOON Nr: 066 287 8331

FAX No:
FAKS Nr:

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

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 4645

VEHICLE REG No.
VOERTUIG REG Nr. CBB 12005

VEHICLE MAKE:
VOERTUIG MAAK: Wit Landrover

COLOUR:
KLEUR:

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING.

DATE / DATUM: 11/10/2024

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA00042T DATE: 11/10/2024

between Mosselbay SPCA

and

Name Liani Swanepoel

Address 13 Apiesdoring Str, Mosselbaai

Telephone Numbers (H) (B)

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 2 months

Description

On (due date) 11 Nov. 2024 Adoption Form No. MA00042T

on the understanding that you will arrange to have this done at the Mosselbay 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: Swanepoel For SPCA:

CONFIRMATION OF RABIES VACCINATION:

Vet: Signed:

Date:

Backhome

Virba

* COMPULSORY F
* PRINT INFORMA

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000356085

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. * 066 287 8331

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

E-mail * liaswansie@gmail.com

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

Title * MRS Initials * L Surname * SWANEPOEL

Street 13 APIESDORING City

Suburb Area Code HEIDERAND

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 * 11 - 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 Date of birth 16/08/2024

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 informatio 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

ISSUED WITHOUT ANY ALTERATIONS OR ERASURES

UITGEREIK SONDER ENIGE VERANDERINGS OF UITKRAPPINGS

BE 7434223
Z 579

DRIVING LICENCE DEPT.
PO BOX 25
14 -02- 2017
MOSSEL BAY, 6500
MOSSEL BAY MUNICIPALITY

DECLARATION[1]

I declare that the licence in respect of which the particulars are reflected alongside,
(i) has not yet come into my possession*,
(ii) was stolen/lost/defaced/destroyed*,
that all particulars submitted by me are true and correct and I realise that a false declaration is punishable with a fine or one year imprisonment or both.

Driver restrictions
Bestuurderbeperkings

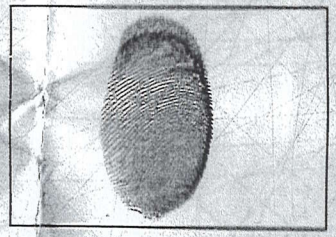
0 None/Geen
1 Glasses/Contact lenses
Bril/Kontaklense
2 Artificial limb
Kunsledemaat

VERKLARING[1]

Ek verklaar dat die lisensie ten opsigte waarvan die besonderhede langsaan verskyn,
(i) nog nie in my besit gekom het nie*,
(ii) gesteel/verlore/geskend/vernietig* is, dat alle besonderhede wat deur my verskaf is waar en korrek is en ek besef dat 'n vals verklaring strafbaar is met 'n boete of een jaar gevangenisstraf of beide.

Vehicle restrictions
Voertuigbeperkings

0 None/Geen
1 Automatic transmission
Outomatiese transmissie
2 Electrically powered
Elektries aangedrewe
3 Physically disabled
Liggaamlik gestrem
4 Bus > 16 000kg (GVM) permitted
Bus > 16 000kg (BVM) toegelaat
5 Tractor/Trekker
7 Industrial vehicle/Industriële voertuig



Left thumb imprint of the person whose particulars are reflected alongside.

Linkerduimafdruk van persoon waarvan die besonderhede langsaan verskyn.

TDL(5)(2005/11) No 60150000172C TDL

TEMPORARY DRIVING LICENCE/PR. DRIVING PERMIT
(National Road Traffic Act, 1996)

TYDELIKE BESTUURSLISENSIE/PR.BESTUURSPERMIT
(Nasionale Padverkeerswet, 1996)

PARTICULARS OF HOLDER — **BESONDERHEDE VAN HOUER**

Restrictions on driver (if any): 1 — Beperkings op bestuurder (indien enige)

Type of identification/Soort identifikasie
RSA ID document / RSA ID dokument

Identification number/Identifikasienommer
7704150152080

Country of issue/Land van uitreiking
South Africa / Suid-Afrika

Initials and surname/Voorletters en van
L SWANEPOEL

Date of issue/Datum van uitreiking
2017-02-14

Driving licence testing centre/Bestuurslisensietoetssentrum
MOSSEL BAY MUNICIPALITY

DRIVING LICENCE DEPT.
PO BOX 25
14 -02- 2017
MOSSEL BAY, 6500
MOSSEL BAY MUNICIPALITY

Driving licence(s) Code/Kode	Date/Datum	Bestuurslisensie(s) Restr./Bep.
EB	2002-08-20	0

Category(ies) and expiry date of PrDP — and/en — Kategorie(ë) en vervaldatum van PrBP

I confirm that I am conversant with the content of the declaration[1]. — Ek bevestig dat ek vertroud is met die inhoud van die verklaring[1].

Signature of holder — Handtekening van houer

Valid for 6 MONTHS from date of issue — **Geldig vir 6 MAANDE vanaf uitreikingsdatum**

RECEIPT — **KWITANSIE**

Receipt number	60150004HMT5	Kwitansienommer
Total amount received	R45.00	Totale bedrag ontvang
Date	2017-02-14	Datum
Received by	RR OCTOBER	Ontvang deur

6015 2017-02-14 11:52:22

Republic of South Africa — Republiek van Suid-Afrika

MFC
A division of NEDBANK

5738622

MR JC SWANEPOEL
13 APIESDORING STREET
APIESDORINGSTREET 13
HEIDERAND HEIDERAND
6506

Dear Sir/Madam

Date: 07 September 2024

Addendum to Agreement (Changes to Agreement) Confirmation Letter

Client Name:	MR JC SWANEPOEL	**Credit Provider Name**	MFC, a division of Nedbank
Client Address:	13 APIESDORING STREET APIESDORINGSTREET 13 HEIDERAND HEIDERAND 6506	**Address:**	135 Rivonia Rd Sandown, Sandton 2196
Identity number:	7306225160088	**Contact Number:**	0860879900
Contact Number	0829278475	**Date:**	2024-09-07

The Credit Provider and the Credit Receiver want to amend certain terms and conditions of the finance credit agreement (19285050003) (the "Agreement") that they have previously entered into, these changes are set out below. Save to the extent specifically or by necessary implication modified in this addendum, or unless agreed otherwise in writing, all the terms and conditions of the Agreement will remain unchanged and continue to apply .

NCR Number: NCRCP16 **Reference Number: 19285050003** **Version: 21 November 2018**

Part A: Asset Details

Asset Description	LAND ROVER FREELANDER II 2.2 SD4 S A/T	**VIN No (if applicable):**	SALFA2AD8BH234162
Registration Year:	2011	**Engine No (if applicable):**	DZ7840074652244DT

Part B: Cost of Credit

	Current Cost of Credit	Amended Cost of Credit
Capital Amount	87 655.87	99 624.76
Interest	16 722.23	20 930.51
Arrears / Advance Amount	11 968.90	0.00
Total Amount Outstanding	116 331.80	120 555.27
Balloon Amount	0.00	0.00
Interest Rate	14.00	14.00
Agreement Term	72	75
Due Date	2024-10-01	2024-10-01
Remaining Number of Payments	30	33

Please note that the above Amended Cost of Credit includes all transactions processed on the day of the restructure, as well as any arrears interest which has not been debited to the account.

Part C: Original Repayment Plan

No of Payments	Start Date	Frequency	Amount
44	2023-07-01	Monthly	R3 479.27
1	2027-03-01	Once Off	R3 479.27

A division of NEDBANK

Part D: Revised Repayment Plan

No of Payments	Start Date	Frequency	Amount
32	2024-10-01	Monthly	R3 653.19
1	2027-06-01	Once Off	R3 653.19

Part E: Fees

Please note that the above repayment plans exclude any additional fees which are charged on a monthly basis. Please see fees table below for all fees due and payable on the due date

Service Fee Code	Description	Start Date	Expiry Date	Amount
SFEE	Service Fee	2021-04-01		R69.00

Should there be any further changes in your information, please contact us on 0860879900 or send an email to us at care@mfc.co.za.

Yours faithfully

MFC • COLLECTIONS AND RECOVERIES

135 Rivonia Road
Sandown
Sandton
2196