ADOPTION CHECKLIST

ADMISSION NO: MBY 3258

CONTRACT NO: MA00035T

- [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
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 10/10/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000356086

Adoptee INFO:

Name & Surname: Lizelle Swart

Contact INFO: 0719954583

Completed by: [signature] Date: 11/10/2024

Manager: [signature] 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

DBV SPCA
Garden Route

LOADED

KENNEL No. K23 Out 23k				ADMISSION No. MBY3258		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 13/09/24			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	X Yes / No	Lost & Found Date checked	13/09/24
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	13/09/24	Microchip or ID Tag number			

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)		
Breed	Jack russel	Colour and Markings	White, brown left ear + spot on body	
Condition	Fair	Sex ♀	Age 8 weeks	
Temperament	Good	Sterilisation details NO	Name	
Coat Short	Tail long	Teeth Condition Good	Ears Down	Size small
Area found / collected from	ASIA		Date	13/09/24
Reason for surrender	Can't afford to keep			

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	John Vencensie
Residential Address	6426 Franshoek Asla		
Postal Address	N/A		
Tel (H) N/A	Tel (W) N/A	Cell 0767204287	
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 MBY3253	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 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 / Coll. and ID tag give: 992003000356086 Date 04/10/2024.

MEDICAL RECORD

Date	Remarks	Treatment	Cost
17/09/24	Nobivac + Antezole		
16/10/24.			

PTS APPROVAL

NAME	SIGN

MA000257

K34 JR
MB43258
light ~~brown~~ dark brown

9920030000356086

@ 9920030000356086

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): L Swart

HOME ADDRESS: 7 Gaurits st, Albertinia

ID NO.: 8402250011081

POSTAL ADDRESS: 7 Gaurits St, Albertinia, 6695

TEL NO (H): 0836642004 (B):

CELL NO: 0719954583 FAX NO:

E-MAIL: swart.lizelle@yahoo.com

Address where animal will be kept: 7 Gaurits st, Albertinia

Reason for wanting an animal: Animal Lover

Occupation: Receiving Supervisor

Do you own or rent your property: own 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: N/A

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 2 CATS OTHER

What are the sexes of your animals? DOGS: Male 1 Female 1 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? Past away - 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: Pallasade Height: 1.5m

What shelter is provided : OUTDOORS KENNEL OTHER Inhouse

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.: 4606.

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** 26/09/24

99200300035608 6

~~99200300035 5888~~

Section 4-12a

DBV SPCA

ADOPTION No MA00035T

ADMISSIO MBI 3258

PRE AND POST HOME INSPECTION FORM

PASSED: ~~YES~~ / NO

DATE UNDERTAKEN: 01/10/2024 TIME: 17h00

NAME OF APPLICANT: Lizelle Swart

ADDRESS: 7 Geurits Straat
Albertinia

HOME TEL No: 0836642004. CELL No: 0719954583

ANIMAL(S) ADOPTING: 2x Jack Russel pupies

SEX: _____ AGE: _____

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Betonmure.		Height of fence: 6 voet	
Any sign of Kennel/Shelter?	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 Jack	2 Sasha.	3	4	5
BREED	Mixed Breed	Skaaphond mix			
SEX	Male	Female.			
AGE	2 jaar.	12 jaar.			
STERILIZED	YES ☐ / NO ☑	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

Word Nav gedsen.

OTHER INFORMATION / COMMENTS
Jack kuier net en gaan Cerus toe saam met Lizelle se pa. en Sasha is baie aud en sukkel om te eet.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ ~~SMALL DOGS~~
- ☑ MEDIUM DOGS
- ☑ LARGE DOGS
- ☐ ~~CATS~~
- ☐ EQUINE
- ☐ OTHER (specify) _____

INSPECTED BY: Tinka Smal SPCA: Mosselbay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

MY OWNER

NAME	Lizelle Swart
POSTAL ADDRESS	
STREET ADDRESS	7 Gouritz Straat
	Albertinia
HOME PHONE	
WORK PHONE	
CELLPHONE	071 995 4583
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	Jack Russel
COLOUR	Brown + White
SEX	Female
DATE OF BIRTH	2024
MICROCHIP/TAT	992003000356086
FEATURES/MAR	

992003000356086

NEXT VACCINATION DUE

DATE	DATE	DATE
6/10/24		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/09/24	Nobivac® 1-DAPPv PEEL HERE Nobivac® 1-DAPPv Batch: 02121A77E Exp: 22-OCT-2025	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	
	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.

Find us on facebook.

MSD Animal Health

Nobivac Quantel Exitel Plus Exitel Plus XL

I WAS DEWORMED ON

ATE	PRODUCT	DATE	PRODUCT

iantel
MER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL
DEWORMING FOR HAPPIER HEALTHIER DOGS.

TE TO MY OWNER
gular vaccines as prescribed by my veterinarian and
worming every 2 weeks for under 12 weeks of age and every 3
nths 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

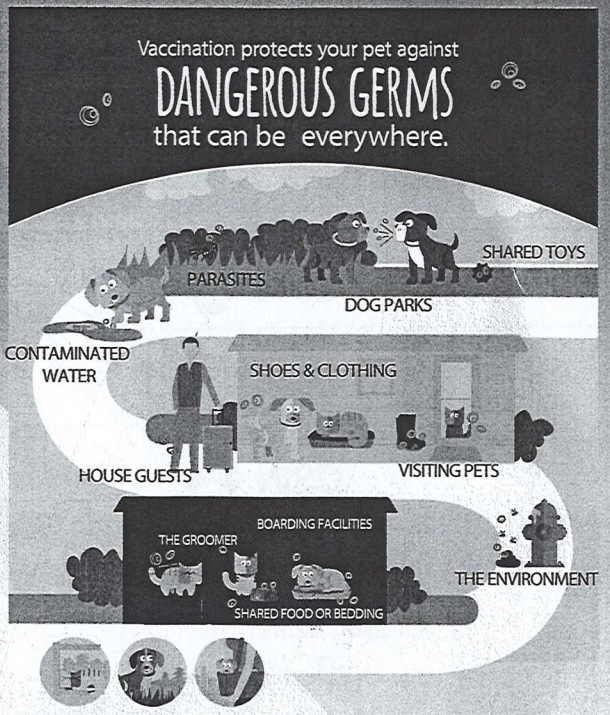
DOCTOR'S NAME Dr A Smith

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-NON-211200001

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 & Wednesday: CLOSED
Tuesday & Thursday: 9:00 to 11:00 and 15:00 to 16:00
Friday – 12:00 to 16:00
Saturday, Sunday & Public Holidays: Closed

MA 00035T

ADMISSION No.
TOELATINGSNR. MBY 3258

ADOPTION CONTRACT

DBV SPCA Garden Route

9920030003560 86

DOG / CAT	Breed	Male/Female
Microchip and or ID	~~9920030003558888~~	

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

DBV SPCA 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 '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 veeartsnykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir katte gebruik word.
14. My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres

** Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.*
** Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangeklo 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): Lizelle Swart

HOME ADDRESS
WOONADRES: 7 Gouritz Str, Albertinia

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8402280011081

TEL No (H):
TELEFOON Nr (H): _____ (B):
(W): _____

CELL No:
SELFOON Nr: 0719954583

FAX No:
FAKS Nr: _____

E-MAIL:
E-POS: swart.lizelle@yahoo.com

ADOPTION FEE:
AANEMINGSVOOI: R750 cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE: _____

KWITANSIE Nr
RECEIPT No: MBY 4647

VEHICLE REG No.
VOERTUIG REG Nr. CES 45524

VEHICLE MAKE:
VOERTUIG MAAK: Hyndai

COLOUR:
KLEUR: wit

SIGNATURE
HANDTEKENING: Swart

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING. MS Joseph

DATE / DATUM

Backhome

Loaded.

Virba

* COMPULSORY F
* PRINT INFORMA

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

~~992003000355880~~ 992003000356086

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. * 0719954583

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

E-mail * swart.lizelle@yahoo.com

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

Title * MRS Initials * L Surname * SWART

Street 7 GOURITS STREET City

Suburb Area Code ALBERTINIA

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 * 10 - 10 - 2024

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 Lucia.

Date of birth 2024

Species * CANINE

Breed * JACK RUSSEL.

Colour BROWN + WHITE

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

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 00035T DATE: 11/10/24

between Mosselbay SPCA

and

Name Lizelle Swart

Address 7 Gouritz Str. Albertinia.

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 8 weeks

Description Jack russel, brown and white

On (due date) Adoption Form No. MA 000 35T

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

CONFIRMATION OF RABIES VACCINATION:

Vet: Signed:

Date:

RIV 109856 328
DOB:28/02/1984
Sex:F (H2)
TelNo:0843660667

LIZELLE L
SWART
GOURITS STR. 07

REERDE WOON- EN POSADRES

/s van u GEREGISTREERDE WOON- EN
lakkie.

verander het, of indien besonderhede van u
atnaam en/of -nommer, ens. verander het,
GEWING VAN ADRESVERANDERING, wat
identiteitsdokument is, gebruik word om die
l en moet dit ingedien word by of gepos word
distrikkantoor van die DEPARTEMENT VAN

SIDENTIAL AND POSTAL ADDRESS

your REGISTERED RESIDENTIAL AND
is pocket.

ed your address, or, if particulars of your
he of street and/or street number, etc., have
CE OF CHANGE OF ADDRESS form in the
identity document must be used to report
be handed in at or posted to the nearest
le DEPARTMENT OF HOME AFFAIRS.

I.D.No. 840228 0011 08 1

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
SWART

VOORNAME/FORENAMES
LIZELLE

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1984-02-28

DATUM UITGEREIK
DATE ISSUED
2002-02-15

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

HESSEQUA
MUNISIPALITEIT
MUNICIPALITY
U MASIPALA
VAT NO: 4780193258

TAX INVOICE

SWART JA&L&R
GOURITSSTRAAT 7
ALBERTINIA
6695

BTW Nr.: 00000000000

VAT INVOICE No.	11504
STATEMENT DATE	2024/09/27
ACCOUNT NUMBER	5010112304
DEPOSIT	2085.00

MARKET VALUE	TARIFF AMOUNT	REBATE	DISCOUNT	DISCOUNT PERC.
684000	0.0076390	50000.00		

SERVICE	CODE/DATE	OPENING BALANCE	PAYMENT	THIS MONTH	VAT	INTEREST	ADJUSTMENT	CLOSING BALANCE
	Usage	198.86	0.00	93.69	14.05	0.00	0.00	306.60
	Basic	414.38	-322.22	185.00	27.75	0.00	0.00	304.91
	09/27	533.60	-266.80	232.00	34.80	0.00	0.00	533.60
	09/27	485.30	-242.65	211.00	31.65	0.00	0.00	485.30
rates	09/27	807.18	-403.59	403.59	0.00	0.00	0.00	807.18
SUB TOTAAL		2439.32	-1235.26	1125.28	108.25	0.00	0.00	2437.59
IN	09/03	0.12	-0.12	0.00	0.00	1.86	0.00	1.86
IN	09/03	2.33	-2.33	0.00	0.00	2.47	0.00	2.47
IN	09/03	8.27	-4.22	0.00	0.00	4.29	0.00	8.34
IN	08/28	0.94	-0.94	0.00	0.00	0.00	0.00	0.00
IN	09/03	2.13	-2.13	0.00	0.00	2.24	0.00	2.24
SUB TOTAAL		13.79	-9.74	0.00	0.00	10.86	0.00	14.91

	OPENING BALANCE	PAYMENT	THIS MONTH	VAT	INTEREST	ADJUSTMENT	DUE
TOTALS:	2453.11	-1245.00	1125.28	108.25	10.86	0.00	2452.50

DUE DATE 2024/10/21	
ARRANGEMENT	0.00
AMOUNT DUE	2452.50

TARIFF

WATER		ELECTRICITY
0.000 - 6.000 KL	10.4100 R/KL	
7.000 - 15.000 KL	10.4100 R/KL	
16.000 - 30.000 KL	11.8700 R/KL	
31.000 - 40.000 KL	12.9600 R/KL	
41.000 - 50.000 KL	15.7700 R/KL	
51.000 - 70.000 KL	18.5000 R/KL	
BO 70.000 KL	22.3000 R/KL	

WATER METER READINGS

2024/08/05 PREVIOUS	2024/09/02 PRESENT	CONSUMPTION
2613.000	2622.000	9.000

ELECTRICITY METER READINGS

PREVIOUS	PRESENT	CONSUMPTION

PROPERTY INFORMATION

ERF NO	00001123	WARD	2
STREET ADDRESS	7 GOURITZ STREET		
SUBURB	ALBERTINIA		
PORTION			
UNIT	0050010000011230000000000000	AREA	1336

DISCONNECTION

The supply of services may be discontinued without further notice if any amount is unpaid after the due date and the deposit may be reviewed simultaneously. Please note that the due date does not apply to any overdue balances.

SHOULD THERE BE DOGS ON YOUR PREMISES, PLEASE MAKE SURE METER READERS HAVE ACCESS ALL TIMES. COULD INFLUENCE ACCOUNT SHOULD METERS NOT BE READ REGULARLY.

MUNICIPALITEIT/
HESSEQUA
U MASIPALA

SWART JA&L&R

KINDLY TEAR OFF AND RETURN WITH PAYMENT

DUE DATE	2024/10/21
AMOUNT	2452.50
ACCOUNT NUMBER	5010112304

DIRECT DEPOSIT

FOR YOUR CONVENIENCE THIS ACCOUNT MAY BE PAID AT ANY BRANCH OF FIRST NATIONAL BANK

BRANCH No.: 200313 A/C No.: 53571024174 A/C TYPE: CHEQUE

REFERENCE No.: 5010112304

PLEASE ENSURE THAT YOU USE THE CORRECT REF NUMBER TO AVOID DISCONNECTION OF SERVICES

accounts@hessequa.gov.za

VOU EN SKEUR AF.

SOUTH AFRICA
Permit Mail
P0001250

MUNICIPALITY HESSEQUA
MUNISIPALITEIT

5010112304
SWART JA&L&R
GOURITSSTRAAT 7
ALBERTINIA
6695

VOU EN SKEUR AF.