

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 Done 10/11/2024
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 992003000356123

ADMISSION NO:

MBT 3257

CONTRACT NO:

MA 000361

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

LOANED



Garden Route

KENNEL No. K 23 mk				ADMISSION No. MBY3257		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	13/09/24		Time in		Date for release	

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

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify)			
	Breed	Jack russel		Colour and Markings White-brown left ear		
	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	Surrendered by ☒ Found by					Name	John Vencensie			
	Children		Residential Address					6426 Franshoek			
	Cats							Asia			
	Other Dogs		Postal Address					N/A			
	Livestock/Other		Tel (H) N/A					Tel (W) N/A		Cell 0767204287	
	DO THEY: Yes No		Email					N/A			
	Jump Fences		Donation R N/A					Cash	Card	EFT	(Receipt No.) N/A
	Run Away										
COMMENTS:											

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 in **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nê. 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 MBY3253	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second 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.
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	

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 / C and ID tag g



992003000356123

Date 04/10/24

MEDICAL RECORD

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

PTS APPROVAL

NAME	SIGN



992003000356123

**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. SwartHOME ADDRESS: 7 Garits st, AlbertiniaID NO.: 8402280011081POSTAL ADDRESS: 7 Garits st, Albertinia, 6645TEL NO (H): 0836642004 (B): _____CELL NO: 0719954583 FAX NO: _____E-MAIL: swart.lizelle@yahoo.comAddress where animal will be kept: 7 Garits st, AlbertiniaReason for wanting an animal: Animal loverOccupation: Receiving SupervisorDo 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: NIA

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 YESHow 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? Put away - ageIs your property fenced and has a proper gate? YES Will you chain/cage an animal? NOFull description of the fencing and gate: Pallasade Height: 1.5mWhat shelter is provided: OUTDOORS _____ KENNEL _____ OTHER InhouseHave you previously had pets from an SPCA? NO Are there children under the 10 years in your household? NOPre 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



992003000356123

Section 4-12a

ADOPTION No

MA00036T

ADMISSION

MBY3257

PRE AND POST HOME INSPECTION FORM

PASSED: ☒ YES / NO

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

NAME OF APPLICANT: Lizelle Swart

ADDRESS: 7 Gautits Straat

Albertinia

HOME TEL No: 0836642004 CELL No: 0719954583

ANIMAL(S) ADOPTING: 2x Jack Russel puppies

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					
	Jack	Sasha			
BREED	Mixed Breed	Skarphand mix			
SEX	Male	Female			
AGE	2 jaar	12 jaar			
STERILIZED	YES ☐ / NO ☒	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

Word Nov gesien.

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

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ SMALL DOGS☐ CATS☒ MEDIUM DOGS☐ EQUINE☒ LARGE DOGS☐ OTHER (specify)

INSPECTED BY: Tinka Smal

SPCA: Mosselbay

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARKS	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

MY OWNER

NAME	Lizelle Swart
POSTAL ADDRESS	
STREET ADDRESS	7 Gourits Str.
	Albertinia
HOME PHONE	
WORK PHONE	
CELLPHONE	0719954583
BREEDER DETAILS	

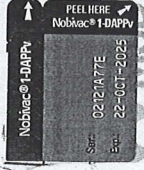
ME

SPECIES	CANINE
BREED	Jack russel
COLOUR	White, brawn ear
SEX	Female
DATE OF BIRTH	2024
MICROCHIP/TATTOO	992003000356123
FEATURES/MARKS	Brown left ear, white body.

NEXT VACCINATION DUE

DATE	DATE
16/10/2024	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/09/24	 Nobivac-1 DAPPV 500 mg/500 mg/500 mg/500 mg Expiry: 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	
	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	
	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 Act 36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947), **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 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 (isquinoline) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet, **Exitel Plus** (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 50 mg (equivalent 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
facebook.com/Bravecto-Sol

[illegible][illegible]

DEWORMING FOR HAPPIER HEALTHIER DOGS

ular vaccines as prescribed by my veterinarian and
forming every 2 weeks for under 12 weeks of age and every 3
months when I'm older are very important for keeping me healthy!

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.

BY VETERINARIAN

PRACTICE STAMP

CERTIFICATE OF STERILISATION

AN (S)

10/10/2024
Dr. A. McPherson

DOCTOR'S NAME _____

PRACTICE STAMP



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

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



PET'S NAME _____

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761

theatrem@qrspca.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



Garden Route

ADOPTION CONTRACT

MA 00036T

DOG / CAT	Breed	Male/Female

992003000356123

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 (Insluitende voorletters):

HOME ADDRESS
WOONADRES: 7 Gourits Str, Albertin

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

CELL No:
SELFOON Nr: 0719954583

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

ADOPTION FEE:
AANEMINGSVOOL: R750

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.

VEHICLE REG No.
VOERTUIG REG Nr: CES 4524

VEHICLE MAKE:
VOERTUIG MAAK: Hyundai

COLOUR:
KLEUR: wit

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

ADMISSION No.
TOELATINGSNR.

MBY 3257



Garden Route

UITPLASINGSKONTRA

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

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuis sal bied met verantwoordelike en liddende sorg. Eienaarskap van 'n dier gee baie plezier en tevredenheid. Daar is ook verantwoordelike 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 familieliede 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 tuis te 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 inenings 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 (beserings 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 katte gebruik word.
- My erf is behoorlik omhein 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 of verwaarloos of te verlaat nie.

*Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wredeheid of verwaarloos van enige dier nie.

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

Lizelle Swart

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

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

CELL No:
SELFOON Nr: 0719954583

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

ADOPTION FEE:
AANEMINGSVOOL: R750

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.

VEHICLE REG No.
VOERTUIG REG Nr: CES 4524

VEHICLE MAKE:
VOERTUIG MAAK: Hyundai

COLOUR:
KLEUR: wit

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000356123

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 071 9954583

E-mail * swark.lizelle@yahoo.com

Title * MRS Initials * L

Street 7 GOURITS STREET

Suburb

Country

Phone - Day time

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 notification

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

Surname * SWART

City

Area Code ALBERTINIA

Province

Phone - Night time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Surname *

Surname *

Surname *

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 Steffy

Species * CANINE

Colour WHITE

Gender Male ☒ Female

Date of birth 2024

Breed *

Markings BROWN LEFT EAR

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 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 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 of 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 00036T

DATE: 11/10/2024

between

Mosselbay

SPCA

and

Name

Lizelle Swart

Address

7 Gourits Street, Albertinia

Telephone Numbers (H)

(B)

071 9954583

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, white body, brown left ear

On (due date)

Adoption Form No.

MA00036T

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

SPCA

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

REERDE WOON- EN POSADRES

/s van u GEREISTREERDE WOON- EN
akkie.

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

SIDENTIAL AND POSTAL ADDRESS

LIZELLE
L
SWART, STR. 07
GOURITS

ALLEERTHIA, 6695

your REGISTERED RESIDENTIAL AND
is pocket.

ed your address, or, if particulars of your
ne 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





TAX INVOICE

SWART JA&L&R
GOURITSSTRAAT 7
ALBERTINIA
6695

VAT NO: 4780193258

VAT INVOICE NO. 11504

STATEMENT DATE 2024/09/27 BTW Nr.: 00000000000

ACCOUNT NUMBER 5010112304 DEPOSIT 2085.00

MARKET VALUE 0.0076390 REBATE 50000.00 DISCOUNT DISCOUNT PERC.

SERVICE	CODE/DATE	OPENING BALANCE	PAYMENT	THIS MONTH	VAT	INTEREST	ADJUSTMENT	CLOSING BALANCE
Usage Basic	09/27	198.86	0.00	93.69	14.05	0.00	0.00	306.60
		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
	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
TOTALS:		2453.11	-1245.00	1125.28	108.25	10.86	0.00	2452.50

ARRANGEMENT 0.00

AMOUNT DUE 2452.50

KINDLY TEAR OFF AND RETURN WITH PAYMENT

MUNISIPALITEIT/ HESSEQUA U MASIPALA

DUE DATE 2024/10/21

AMOUNT 2452.50

ACCOUNT NUMBER 5010112304

SWART JA&L&R

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 - 60.000 KL	18.5800 R/KL
61.000 - 70.000 KL	22.3900 R/KL
71.000 - 80.000 KL	22.3900 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	005001000011230000	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.

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



MUNICIPALITY HESSEQUA
MUNISIPALITEIT

5010112304
SWART JA&L&R
GOURITSSTRAAT 7
ALBERTINIA
6695



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