

ADOPTION CHECKLIST

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

ADMISSION NO: MBY 3688
MBY 3690 MBY 3691
MBY 3687 MBY 3686 MBY 3694

CONTRACT NO:
M.A00059T

Adoptee INFO:

Name & Surname Ali Coetzee

Contact INFO: 082 4670419

Completed by: [Signature]

Date: 25/10/2024

Manager: [Signature]

Date: 25/10/2024

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.



APPLICATION TO ADOPT A FARM 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: ALI Coetzee
 HOME ADDRESS: Bloumeekloof Farm, Leekloof, Ruitersbos
 ID NO.: 5910310037085
 POSTAL ADDRESS: P.O. Box 499 Noordhoek. C.T. 7979
 TEL NO (H): 087 941 7549 (B): _____
 CELL NO: 082 4670419 FAX NO: _____
 E-MAIL: ali.coetzee@gmail.com
 Address where animal will be kept: as above

Reason for wanting an animal: Farm, Sanctuary.
 Previous Farm Animal Experience: Horses, Donkeys, sheep, goats, chickens, peacocks, geese, etc.
 Knowledge on what feed and how to care for the specific farm animal applied for?:
yes.

Are you aware of costs involved in caring for farm animals? yes.

NO FEMALE FARM ANIMAL TO BE REHOMED TO A PROPERTY WHERE THERE IS A UNCASTRATED MALE OF THE SAME SPECIES.

Please circle the applicable

Is the animal for yourself?

YES / NO

Will farm animals be used for commercial farming purposes?

YES / NO

If Yes, Please Specify: _____

Will farm animals be used for show purposes?

YES / NO

If yes, please specify: _____

Will farm animals be used on a petting farm?

YES / NO

Is the animal a replacement for an animal which died?

YES / NO

What typ

P/ POULTRY /PIGS/ other

Can you afford private veterinary services?

☒ YES/ NOWho is your veterinarian? MAWC BASSON Tel: 082 820 4810

Have you previously adopted pets from the SPCA?

☒ YES/ NOIf YES, do you still have them? yesIf NO, what has happened to them? DiedHow many animals live on your property DOGS 6 CATS 2 OTHER manyHow many animal(s) do you own? Farm Animals: 2 Donkeys, 12 sheep, 1 GoatOther: 5 parakeet, 30 chickens, 30 geeseSpecify other: 2 Horses (Tenants)

What gender are your animals? FARM ANIMALS: Male _____ Female _____ Sterilised _____

Other: (F) _____ (M) _____

Are your animals sterilised? Give details: male sheep = yesmale Donkey = yes male horses = yesall dogs + cats = yesHow many animals have you owned in the past three years? Many. (As Above)

Which animals do you still have and what happened to the others? _____

Where do you keep your farm animals, is the area fenced with a proper gate and is adequate shelter and water provided? yesFull description of fencing, gate and shelter / stables /coops All wwo fencingproper gates. stables @ night**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: [Signature] DATE: 24/10/24



Society for the Prevention of Cruelty to Animals
Dierebeskermingsvereniging

ADOPTION CONTRACT – FARM ANIMALS

Farm Animals includes: Cattle, Goats, Sheep, Pigs and Poultry

Species POULTRY	Colour	Male/Female	ADMISSION NO:
Microchip and or ID Tag Number:-			

This animal has been given to you in the firm understanding 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 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:

1. I am over eighteen (18) years of age.
2. All family members agree to the adoption and will abide by the conditions in the contract.
3. I will give the animal a fair chance to adjust to its new home.
4. If I am unable to continue to care for the animal or it does not adjust adequately, the animal must be returned to the SPCA.
5. I understand that adoption fees are not refundable or transferable.
6. I will feed and house the animal to the Society's satisfaction.
7. I will not tether or house the animal inappropriately and understand that if it is found tethered, housed inappropriately, or living in unsatisfactory conditions or in ill health, I willingly agree that it will be repossessed permanently from my care immediately. **Initial:** AN
8. I can afford the services of a private Veterinarian.
9. I will ensure that the animal will receive its vaccinations and de-worming timeously. Hoof/Teeth care will be provided by a farrier/dentist timeously to ensure that hooves/teeth are well maintained to prevent suffering.
10. I understand that in the 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 to the Society) at no charge to myself.
11. I will ensure that the animal is sterilised as stipulated by the Society and if not I understand that the animal will be repossessed by the Society immediately. I will sterilise the animal(s) by _____.
12. *No breeding is allowed. Males must be kept away from any females of the same species or be neutered. If a female should fall pregnant (the circumstances of which I shall immediately declare to the relevant SPCA) the off-spring becomes the property of the Society which will then be adopted according to SPCA Policy, of which I will have first right of refusal. **Initial:** AN
13. *All males adopted MUST be castrated (*As specified in the NSPCA Operations Manual*)
14. My property is adequately enclosed and that at no time shall I knowingly allow my animal to stray off the property.
15. I will notify the SPCA within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-laws" of the Municipality pertaining to farm animals and other animals in which I reside.
17. I will permit an authorised officer of the Society to visit my premises from time to time, to be assured that the animal/s is/being treated in accordance with this Policy, and I will permit and allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not reasonably adhered to. **Initial:** AN

18. I undertake that the animal when left without supervision will be in a suitable, safe paddock/enclosure with shelter and adequate water and feed.
19. I will ensure that feed is raised off the ground or given in a suitable container depending on the animal adopted to prevent contamination of the food. I will also ensure that a suitable and balanced diet is provided to ensure that the animal(s) remain(s) in good condition at all times.
20. I will ensure that sufficient amount clean water in a clean suitable container is provided daily in accordance with the animal/s' needs and that the container is tip-proof and placed in the shade.
21. I will ensure that adequate and dry bedding of at least 20cm thick is provided daily for the animals if housed in a stable, stall or barn. I undertake not to confine the animal to a stable/enclosure, and will allow free roaming in a suitable, safe paddock/enclosure during daylight hours.
22. I will ensure that water fowl are provided with a suitable swimming area for swimming and natural behaviour and fresh drinking water will be provided separately.
23. I will ensure that poultry will be kept in a secure and suitable enclosure at night to prevent predation and will be provided with adequate perches and nests.
24. I will ensure that the fleece of sheep/long-haired animal/s is kept suitably trimmed and matt-free for the well-being of the animal/s.
25. I will ensure that the animal/s is/are protected against biting flies and other pests and parasites. I will not practise, mulesing or tail docking/mutilation of any kind, whether by myself or a Veterinarian;
26. I will ensure that the animal/s is/are transported in an acceptable and safe manner and that a loading ramp is available where necessary.
27. I will ensure that an adequate holding facility is available for when a Veterinarian has to work on or inspect the farm animals.
28. I agree that I will not use the animal/s for any commercial use, traction, show and educational purposes, petting farms and cock and bull fights, or as bait animals etc.
29. I will notify the Society within seven (7) days of any change of address in writing by e-mail, fax or registered post.
30. Animals that are adopted often come from an abusive background and the SPCA cannot and does not guarantee the future behaviour of any animal/s adopted nor will be held liable therefore. The SPCA can only show what the animal/s' behaviour is like in our care. The Adopter accepts the animal/s' behaviour may change depending on feeding, surroundings, exercise and treatment. The SPCA cannot be held liable for any loss, injury and/or death caused by the animal's behaviour.

* 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): Ali Coetzer
 HOME ADDRESS: Blommeklaar Farm, Leerdoo, Rietvlei
 POSTAL ADDRESS: _____ ID/PASSPORT NO.: SP10310037085
 TEL NO (H): 0879417549 (B): _____
 CELL NO: 0824670419 FAX NO: _____
 E-MAIL: ali.coetzer@gmail.com
 ADOPTION FEE R650 cash /card/ef ☒ DONATION: _____ RECEIPT No. _____
 VEHICLE REG. No. CAA365465 VEHICLE MAKE: ISUZU COLOUR WHITE
 SIGNATURE: Ali Coetzer WITNESS FOR SOCIETY: _____
 DATE: 24/10/24

MA00035T

992 003 0003 56134

ADMISSION NO

MBY 3579



PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO

DATE UNDERTAKEN: 24/1 TIME: _____

NAME OF APPLICANT: Ali Coetzee

ADDRESS: Blommekloof farm, Leeukloof.

HOME TEL No: _____ CELL No: 087 941 7549.

ANIMAL(S) ADOPTING: Boerboek

SEX: Female

AGE: 6 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:		Suitability of fence (i.e. small pets can't escape):	
Suitable shelter? (i.e. Kennel in protected area)	YES ☐ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☐
Is the front yard separated from the back?	YES ☐ / NO ☐	If yes, what partitioning?	
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	2	3	4	5
BREED	Sheep	Geese	Chicken	Horses	Peacock
CONDITION	Good	Good	Good	Good	Good
WELFARE (good?)	Good	Good	Good	Good	Good
SEX & AGE	M.F. 1 Adult	M.F. 1 Adult	M.F. 1 Adult	M.F. 1 Adult	M.F. 1
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



CATS



MEDIUM DOGS



SMALL DOGS



LARGE DOGS

INSPECTED BY: H. Hemmer

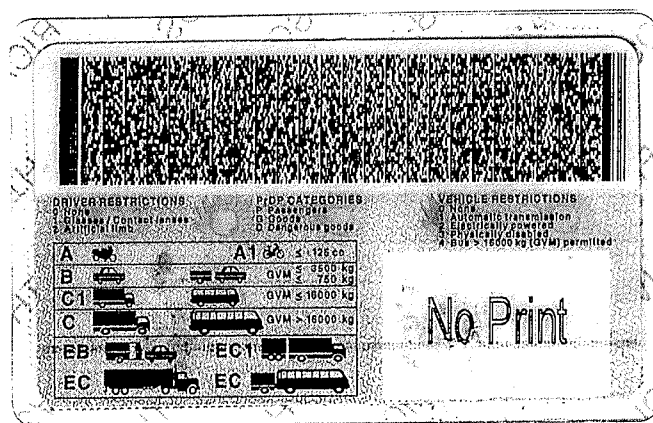
SPCA: Moselbach

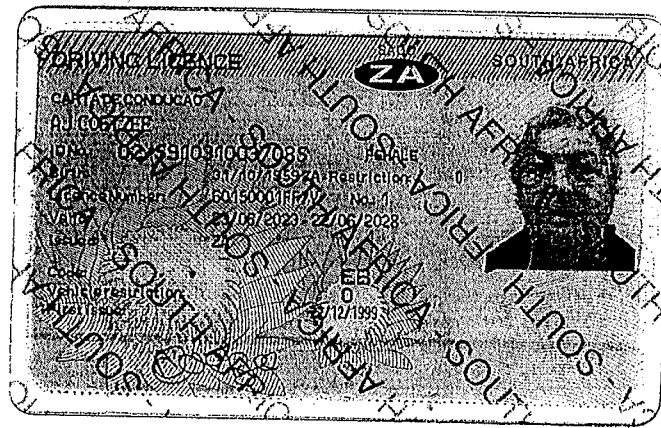
SIGNATURE: [Signature]

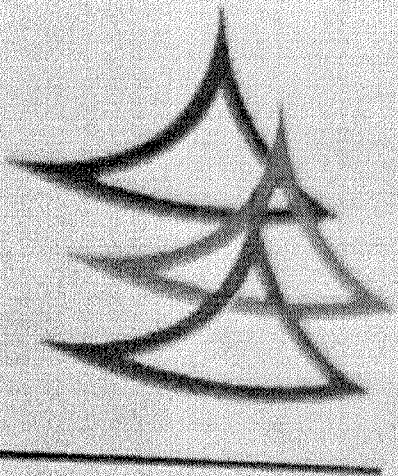
POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE







Mossel Bay

M U N I C I P A L I T Y

MOSSSELBA
MOSSSELBA
UMASIPLAY

Name:

COETZEE AJ

Street Address:

G50 LEEUWEEKLOOF MOSSSELBAIPLASE

TAX INVOICE MONTHLY ACCOUNT

ACCOUNT NUM

DATE OF ACCC

LAST RECEIPT

PREPAID METI

Dog Unit 1.

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded



Garden Route

KENNEL No.				ADMISSION No. MBY3688		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	17/10/24		Time in		Date for release	

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

DESCRIPTION & HISTORY	Dog	Cat	Other species (Specify) <u>Farm</u>			
	Breed	1x <u>Boston</u> 1x <u>Golden Phoenix</u> 1x <u>Brown Leghorn</u>		Colour and Markings		
	Condition			Sex	Age <u>Adult</u>	
	Temperament			Sterilisation details	Name	
	Coat	Tail	Teeth Condition	Ears	Size	
	Area found / collected from <u>M. Bay</u>					Date <u>17/10/24</u>
	Reason for surrender <u>Can't keep</u>					

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

Surrendered by	X	Name	<u>Lee-Ann Wilboon</u>
Found by			
Residential Address	<u>Harry Greeley Farm</u> <u>Mosselbay</u>		
Postal Address			
Tel (H)	Tel (W)	Cell	
Email			
Donation R	Cash	Card	EFT (Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

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 ooreengekóm 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	Witness for Society
<u>[Signature]</u>	<u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.
1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.
2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.
2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.
3. Any charges endorsed hereon are due and payable on request.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. The Society will not home any animal unsterilised.
4. Die Vereniging sal geen dier plaas wat ongesteiriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature	Witness for Society signature
Reason for Euthanasia	

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

CLAIMANT

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

Residential Address: _____

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

Postal Address: _____

E-mail Address: _____

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

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

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID tag given	Yes ☐ No ☐	Microchip / ID tag details	Date _____
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MEDICAL RECORD

Date	Remarks	Treatment	Cost

PTS APPROVAL

NAME	SIGN

outside

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded



Garden Route

KENNEL No.				ADMISSION No. MBY3690			
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia	
Date in	17/10/24		Time in		Date for release		

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

DESCRIPTION & HISTORY	Dog	Cat	Other species (Specify) <i>Bulky</i> 1			
	Breed	<i>Ducklings (white) (black)</i>		Colour and Markings		
	Condition	<i>Good</i>		Sex	Age <i>Ducklings</i>	
	Temperament			Sterilisation details	Name	
	Coat	Tail	Teeth Condition	Ears	Size <i>Small</i>	
	Area found / collected from <i>M. Bay</i>				Date <i>17/10/24</i>	
	Reason for surrender <i>Can not keep</i>					

ASSESSMENT		Surrendered by ☒		Name <i>Francis Lourens (Security)</i>	
GOOD WITH: Yes No		Found by			
Children		Residential Address		<i>Harry Gaby Park</i>	
Cats				<i>Mosselbay</i>	
Other Dogs		Postal Address			
Livestock/Other		Tel (H)		Tel (W)	Cell
DO THEY: Yes No		Email			
Jump Fences		Donation R		Cash	Card
Run Away				EFT	(Receipt No.)
COMMENTS:		PLEASE INSIST ON A RECEIPT			

Confiscated: OB No: _____ Case No: _____ Inspector: _____

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 **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 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 <i>[Signature]</i>	Witness for Society <i>[Signature]</i>
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
	Details of third Applicant

CONDITIONS / VOORWAARDES

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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 ongesteëliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

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

CLAIMANT

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

Residential Address: _____

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

Postal Address: _____

E-mail Address: _____

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

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

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID tag given	Yes ☐ No ☐	Microchip / ID tag details	Date _____
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MEDICAL RECORD

Date	Remarks	Treatment	Cost

PTS APPROVAL

NAME	SIGN

outside

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded



Garden Route

KENNEL No.				ADMISSION No. MBY3691			
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia	
Date in	17/10/24		Time in		Date for release		

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

DESCRIPTION & HISTORY	Dog	Cat	Other species (Specify) <i>Poultry</i>			
	Breed	<i>2 x Egyptian Geese</i>		Colour and Markings		
	Condition	<i>Good</i>		Sex	Age <i>Duckling</i>	
	Temperament			Sterilisation details	Name	
	Coat	Tail	Teeth Condition	Ears	Size <i>Small</i>	
	Area found / collected from <i>M. Bay</i>				Date <i>17/10/24</i>	
	Reason for surrender <i>Can not keep</i>					

ASSESSMENT		Surrendered by ☒ Name <i>Francis Lourens</i>	
GOOD WITH:	Yes No	Found by	
Children		Residential Address <i>Harry Grootjies Park</i>	
Cats		<i>M. Bay</i>	
Other Dogs		Postal Address	
Livestock/Other		Tel (H)	
DO THEY:	Yes No	Tel (W)	
Jump Fences		Cell	
Run Away		Email	
COMMENTS:		Donation R	
		Cash	Card
		EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: Case No: Inspector:

STATEMENT OF SURRENDER

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Signature	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.
1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.
2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.
2. Indien, volgens mening van 'n veearts of 'n gekwallifiseerde 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 / Collar
and ID tag given

Yes
No

Microchip /
ID tag details

Date _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost

PTS APPROVAL

NAME

SIGN

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No.				ADMISSION No. MBY3687		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	17/10/24		Time in	Date for release		

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

DESCRIPTION & HISTORY	Dog	Cat	Other species (Specify) Poultry			
	Breed	Mareau		Colour and Markings	Black	
	Condition	Good		Sex	Male	Age
	Temperament	For		Sterilisation details	NO	Name
	Coat	Tail	Teeth Condition	Ears	Size	Large
	Area found / collected from Mosselbay					Date 17/10/24
	Reason for surrender Can not keep					

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

Surrendered by	Name	Leecham Whitsoo
Found by		
Residential Address	Henry Cichely Park	
	Mosselbay	
Postal Address		
Tel (H)	Tel (W)	Cell
Email		
Donation R	Cash	Card
	EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

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 **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 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	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
	Details of third Applicant

CONDITIONS / VOORWAARDES

- | | |
|---|--|
| <p>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.</p> <p>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.</p> <p>3. Any charges endorsed hereon are due and payable on request.</p> <p>4. The Society will not home any animal unsterilised.</p> | <p>1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die diere, 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.</p> <p>2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n diere 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.</p> <p>3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.</p> <p>4. Die Vereniging sal geen diere plaas wat ongesteiriliseer is nie.</p> |
|---|--|

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanasia Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

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

Residential Address: _____

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

Postal Address: _____

E-mail Address: _____

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

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

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID tag given	☐ Yes ☐ No	Microchip / ID tag details	Date _____
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MEDICAL RECORD

Date	Remarks	Treatment	Cost

PTS APPROVAL

NAME	SIGN

outside

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No.				ADMISSION No. loaded MBY3686		
Stray	Surrender ☒	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	17/10/24		Time in		Date for release	

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

DESCRIPTION & HISTORY	Dog	Cat	Other species (Specify)		
	Breed	5x <i>Pekingese Maltese</i>		Colour and Markings	<i>White</i>
	Condition	<i>Good</i>		Sex	<i>2x Hen 3x Drake</i>
	Temperament	<i>Far</i>		Sterilisation details	<i>NO</i>
	Coat	Tail	Teeth Condition	Ears	Size
	Area found / collected from				Date
	Reason for surrender				
	<i>Can not keep anymore</i>				

ASSESSMENT		Surrendered by ☒		Name	<i>L. Willem (Supervisor)</i>
GOOD WITH:	Yes No	Found by			
Children		Residential Address	<i>Harry Gabley Park</i>		
Cats			<i>Mosselbay</i>		
Other Dogs		Postal Address			
Livestock/Other		Tel (H)	Tel (W)	Cell	
DO THEY:	Yes No	Email			
Jump Fences		Donation R	Cash	Card	EFT
Run Away		(Receipt No.)			
COMMENTS:		PLEASE INSIST ON A RECEIPT			

Confiscated: OB No: _____ Case No: _____ Inspector: _____

STATEMENT OF SURRENDER

I do hereby certify that I **DO / DO NOT** own the animal/s described above, that **IS / IT IS NOT** a stray and **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."**

Hiërmee 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 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	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
	Details of third Applicant

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.
1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.
2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.
2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.
3. Any charges endorsed hereon are due and payable on request.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. The Society will not home any animal unsterilised.
4. Die Vereniging sal geen dier plaas wat ongesterriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

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

CLAIMANT

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

Residential Address: _____

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

Postal Address: _____

E-mail Address: _____

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

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

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID tag given	Yes ☐ No ☐	Microchip / ID tag details	Date _____
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MEDICAL RECORD

Date	Remarks	Treatment	Cost

PTS APPROVAL

NAME	SIGN

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded



Garden Route

KENNEL No.				ADMISSION No. MBY3694		
Stray	☒ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in	25/10/24		Time in		Date for release	

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

DESCRIPTION & HISTORY	Dog	Cat ☒	Other species (Specify) <u>Bulky</u>			
	Breed	<u>11 Ducks</u>		Colour and Markings	<u>White (White Grey)</u>	
	Condition	<u>1 Chicken</u>		Sex	<u>11 Ducks</u>	
	Temperament	<u>1 Chicken</u>		Sterilisation details	<u>11 Ducks</u>	
	Coat	Tail	Teeth Condition	Ears	Size	
	Area found / collected from <u>11 Ducks</u>					Date <u>25/10/24</u>
	Reason for surrender					

ASSESSMENT	GOOD WITH:		Yes	No	Surrendered by ☒	Name <u>11 Ducks</u>
	Children				Found by	
	Cats				Residential Address	<u>11 Ducks</u>
	Other Dogs				Postal Address	
	Livestock/Other				Tel (H)	
	DO THEY:	Yes	No	Tel (W)		Cell <u>06 7012587</u>
	Jump Fences			Email		
	Run Away			Donation R		Cash Card EFT (Receipt No.)
	COMMENTS:					
	PLEASE INSIST ON A RECEIPT					

Confiscated: OB No: _____ Case No: _____ Inspector: _____

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."

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Signature <u>11 Ducks</u>	Witness for Society <u>11 Ducks</u>
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FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.
1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.
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3. Any charges endorsed hereon are due and payable on request.
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4. The Society will not home any animal unsterilised.
4. Die Vereniging sal geen dier plaas wat ongesterriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature	Witness for Society signature
Reason for Euthanasia	

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

CLAIMANT

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

Residential Address: _____

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

Postal Address: _____

E-mail Address: _____

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

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

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID tag given	Yes ☐ No ☐	Microchip / ID tag details	Date _____
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MEDICAL RECORD

Date	Remarks	Treatment	Cost

PTS APPROVAL

NAME	SIGN