

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

ADMISSION NO:

MBY4046

CONTRACT NO:

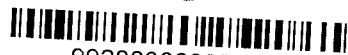
MA0005ST

Adoptee INFO:

Name & Surname Anica Joubert

Contact INFO: 071 607 3806

Done 06/11/24



992003000356212

Completed by:

Date:

01/11/24

Manager:

Date:

01/11/24

FUTURE POST HOME INSPECTION (every 6 Months)	
Date of Inspection	Date of Inspection

This checklist must be completed and attached to the front of every adoption that has been processes.

All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. EB C4				ADMISSION No. MBY4046		
Stray	☒ Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	11/10/24		Time in	16:00	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	11/10/24	Microchip or ID Tag number	NONE

DESCRIPTION & HISTORY	Dog	☒ Cat	Other species (Specify)			
	Breed	DSH		Colour and Markings	Tabby	
	Condition	Fair		Sex	♀	Age 6 weeks
	Temperament	Good		Sterilisation details	NO	Name
	Coat Short	Tail long	Teeth Condition Good	Ears UP	Size Small	
	Area found / collected from D'Almeida					Date 11/10/24
	Reason for surrender can't keep all.					

ASSESSMENT		Surrendered by ☒ Name R. Marks	
GOOD WITH:	Yes No	Found by	
Children		Residential Address	296 Albion Drive
Cats			D'Almeida
Other Dogs		Postal Address	N/A
Livestock/Other		Tel (H)	N/A
DO THEY:	Yes No	Tel (W)	N/A
Jump Fences		Cell	NONE
Run Away		Email	N/A
COMMENTS:		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: **KURT**

STATEMENT OF SURRENDER

I do hereby certify that I ~~DO~~ **DO NOT** own the animal/s described above, that it ~~IS~~ **IT IS NOT** a stray and I ~~DO~~ **DO NOT** know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age. Also see "Conditions on reversed side."

Hiermee verklaar ek dat ek dier/e hierbo beskryf **BESIT / NIE BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdruklik ooreengekom dat nog die DBV nog sy 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 R. Marks	Witness for Society [Signature]
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 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.</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 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.</p> <p>3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.</p> <p>4. Die Vereniging sal geen dier plaas wat ongesteiriliseer is nie.</p> |
|---|---|

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 and ID tag  992003000356212 Date _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
16/10/24	Vacc		
	NEXT 15/11/2024		

PTS APPROVAL

NAME	SIGN

[illegible]

**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): Ms A. Joubert (Anica)

HOME ADDRESS: 26 Maroela Street Heiderand Mosselbaai 6500

ID NO.: 0512170388081

POSTAL ADDRESS: 26 Maroela street Heiderand Mosselbaai 6500

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

CELL NO: 071 607 3806 FAX NO: _____

E-MAIL: anica.joubert8@gmail.com

Address where animal will be kept: 26 Maroela street Heiderand Mosselbaai

Reason for wanting an animal: Animal lover

Occupation: Student

Do you own or rent your property: rent 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: love animals

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 YES/NO

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

Can you afford private veterinary fees? Yes Who is your vet? Heiderand

How many animals live on your property DOGS 2 CATS 0 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 3 CATS 1 OTHER _____

Which animals do you still have, and what happened to the others? Have 2, others in Pretoria

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

Full description of the fencing and gate: as wall around & electric gate Height: 8 feet

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER In House bed

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

Pre Home Inspection Fee: R100 Receipt No.: 4668

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

Anica

Date of application

18/10/2024



PRE HOME NO

MPRE 008

MA 00055T

ADMISSION NO

MBY 4046

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003000356212

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN:

19/10/24

TIME:

9:48

NAME OF APPLICANT: A. Jobert

ADDRESS: 24 Maroela Str. Heidelberg, Mosselbay

HOME TEL No:

CELL No:

071 607 3806

ANIMAL(S) ADOPTING: 2 x kittens

SEX: Females

AGE:

2-3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION

Type and height of fence:	slaps . 1.8	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	Staffi	Pitbull x			
CONDITION	Pair	Pair			
WELFARE (good?)	Pair	Pair			
SEX & AGE	Male 1 4 yrs	Female 1 2 yrs	/	/	/
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:

Wally Wagenaar

SPCA:

MBay SPCA

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



Garden Route

ADOPTION CONTRACT

MA 000 SST

DOG / CAT	Breed	Male/Female
Microchip and or		



992003000356212

This animal has been received in the name 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: 24 Maroela Street

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

CELL No:
SELFOON Nr: 071 607 3806

E-MAIL: anicajoubert8@gmail.com
E-POS:

ADOPTION FEE:
AANEMINGSVOOL: R750

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.

VEHICLE REG No.
VOERTUIG REG Nr: CBS 30964

VEHICLE MAKE:
VOERTUIG MAAK: Opel Meriva

COLOUR:
KLEUR: Wit

SIGNATURE
HANDTEKENING: Anica

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

ADMISSION No.
TOELATINGSNR.

MB/4046



Garden Route

UITPLASINGSKONTRAK

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

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plezier 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.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieleden stem saam oor die aanneming 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 basorg. 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 onkosies 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 onkosies wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en klient skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoon 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 veeartsnynkundige bekostig.
- 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.
- 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).
- 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 - slugs rekbandjies mag vir katte gebruik word.
- My erf is behoorlik omhef 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 uiteengeset. Ek sal toelaat dat die Vereniging die dier in besit naam 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 waghond 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 aannem te mishandel of verwaarloos of te verlaat nie.

* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarloosing 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.

Anica Joubert

ID/PASSPORT No.:
ID/PASPOORT Nr: 0512170383081

(B):
(W):

FAX No:
FAKS Nr:

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.

BY VETERINARIAN

PRACTICE STAMP

CERTIFICATE OF STERILISATION

PET'S NAME

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GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824

072 287 1761

theatrem@qrspca.co.za

Consulting Hours

Monday and Friday: 12:00 - 16:00

Wednesday: Closed

Tuesday and Thursday: 09:00 - 16:00

Saturday: 09:00 - 11:00

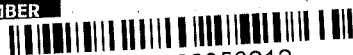


Animal Health

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

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000356212

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 071 607 3806

E-mail * anicajoubert8@gmail.com

Title * MS

Initials * A

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

Surname * JOUBERT

Street 24 Maroela Street

City

Suburb

Area Code HEIDRAMP

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 * 06 - 11 - 2024

Date of Implant * 31 - 10 - 2024

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip BHA SMITH

PET DETAILS

Pet Name

Date of birth 2024

Species * FELINE

Breed * DSH

Colour TABBY

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 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 to 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 institution 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



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
JOUBERT

Names:
ANICA

Sex:
F

Nationality:
RSA

Identity Number:
0512170383081

Date of Birth:
17 DEC 2006

Country of Birth:
RSA

Status:
CITIZEN



Signature:



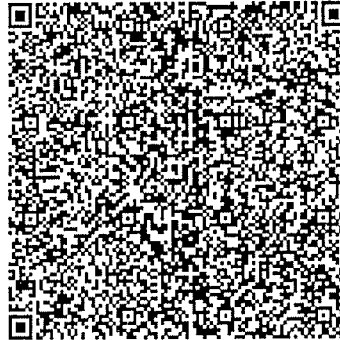
One of the Global One money management products or services

Proof of Account Details



Capitec Bank

31/10/2024
Branch: 470010
Device:



Validate this document using SkyQR

To Whom It May Concern

We hereby confirm that Miss Anica Joubert has the following account(s) at Capitec Bank Limited on 31/10/2024

Client Details

Name: Anica A Joubert
ID/Passport Number: 0512170383081
Residential Address: 24 Maroela Straat, Heiderand, Mossel Bay, 6506
Postal Address: 595 13th Avenue, Gezina, Pretoria, 0084

Account Details

Account Status: Active
Account Type: Savings
Account Number: 1513092276
Branch Code: 470010
Date Opened: 2017-02-16

The account details provided herein should not be read as extending by implication to any other matters not specifically addressed. The account details are given as at the above date and no obligation is hereby assumed to update the account details on any future date.

Capitec Bank Limited shall have no liability whether in contract, delict (including without limitation negligence) or otherwise to the above account holder or any third party in relation to the account details contained herein.



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA000 SST

DATE: _____

between

Mosselbay

SPCA

and

Name

Anica Joubert

Address

24 Maroela Street, Heidelberg

Telephone Numbers: (H)

(B)

071 607 3806

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name

Sex

F

Age

2 months

Description

DSH Tabby

On (due date)

Adoption Form No.

MA000 SSTon the understanding that you will arrange to have this done at the
Veterinary Hospital

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society reserves the right to **confiscate** 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 remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
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 the 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 STERILISATION:

Vet:

Signed:

Date: