ADOPTION CHECKLIST

ADMISSION NO: M31 3275

CONTRACT NO: MA 00046

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [x] Proof of Residence
- [x] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 17/10/24
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number Done 18/10/24. 992003000356067

Adoptee INFO:

Name & Surname Ethan v.d. Berg

Contact INFO: 060 982 4155

Completed by: _____ Date: 18/10/24

Manager: _____ Date: 18/10/24

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

Loaded

DBV SPCA
Garden Route

KENNEL No. K VR ~~29~~				ADMISSION No. MBY3275		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 22/09/24.		Time in	11:00	Date for release		

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	X Yes / No	Lost & Found Date checked	22/09/24.
Microchip/Collar or ID tag found	X Yes / No	Date scanned or checked	22/09/24	Microchip or ID Tag number	

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)		
Breed	Boerboel x Rottweiler	Colour and Markings	Brown	
Condition	Fair	Sex	Male	Age Juvenile
Temperament	Good	Sterilisation details	No	Name
Coat Short	Tail long	Teeth Condition Good	Ears up	Size Small
Area found / collected from	Groot brak			Date 22/09/24
Reason for surrender	Unwanted			

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

Surrendered by / Found by	X Name	Netania Geldenbloem
Residential Address	31 St. Johns Circle Groot brak	
Postal Address	N/A	
Tel (H) N/A	Tel (W) N/A	Cell 0763197115
Email	N/A	
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: 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 uitdrukiik ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die "Voorwaardes" op die agterblad.**

Signature Refer to MBY3841	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.
2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.
3. Any charges endorsed hereon are due and payable on request.
4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging to bewerkstellig.
2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Djerebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

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

CLAIMANT

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

Residential Address: _____

_____

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

Postal Address: _____

E-mail Address: _____

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

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

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Co and ID tag give... 992003000356067

Date 18/10/24.

MEDICAL RECORD

Date	Remarks	Treatment	Cost
01/10/24	Antecol C		
	NXT - 1/11/24		
10/10/24	Parvo test done. Negative		

PTS APPROVAL

NAME	SIGN

ADMISSION No.
TOELATINGSNR. MBY 3275

ADOPTION CONTRACT

MA00046T

Garden Route

DOG / CAT	Breed	Male/Female
Microchip	992003000356067	

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age,
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to return it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will not chain or cage the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only elasticated or quick release collars may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post with seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

UITPLASINGSKONTRAK

Garden Route

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

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. Ek sal nie die dier vasketting of gehok hou nie, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private veeartsnykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir katte gebruik word.
14. My erf is behoorlik omheen en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres

** Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.*
** Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is vir wreedheid of verwaarlosing van enige dier nie.*

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

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including Initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters): Ethan v.d. Berg

HOME ADDRESS
WOONADRES: 49 Geelhout Ave, Hartebos Heuwels

ID/PASSPORT No.:
ID/PASPOORT Nr.: 0303065618082

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

CELL No:
SELFOON Nr: 060 982 4155

FAX No:
FAKS Nr: _____

E-MAIL:
E-POS: ethanvdberg14@gmail.com

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

DONATION:
DONASIE: _____

KWITANSIE Nr
RECEIPT No. 4665

VEHICLE REG No.
VOERTUIG REG Nr. KXT 597 NW

VEHICLE MAKE:
VOERTUIG MAAK: _____

COLOUR:
KLEUR: _____

SIGNATURE
HANDTEKENING: 18/10/24

WITNESS FOR SOCIETY:
GETUIE VIR VERENIGING:

DATE /DATUM: 18/10/24

GARDEN ROUTE SPCA			
ADOPTION VET CHECK - DR. DEMPSEY/DR SUZAAN			
KENNEL	K23	DATE	01/10/24.
CARD NR	MBY 3275	BREED	Boerboel x Rottie
COLOUR	BROWN	STRAY/DONATED	SURRENDER.
ANIMAL NAME		MALE/FEMALE	MALE
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED	NO	AGE	
GENERAL HEALTH			
EARS	✓		
EYES	✓		
TEETH	✓		
NOSE	✓		
LUNGS	✓		
HEART	✓		
ABDOMEN	✓		
HIP	✓		
SKIN & COAT	✓		
FIT FOR ADOPTION	YES		
COMMENTS:			

MBY 3275
MA ~~000461~~ + bentley
MA 000461 Bentley

992003000356067

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): Mr E.N. van der Berg.

HOME ADDRESS: 49 Geelhaub Ave, Harenbos Hermanus

ID NO.: 0303065618082

POSTAL ADDRESS: 49 Geelhaub Ave

TEL NO (H): N/A (B): N/A

CELL NO: 060 982 4155 FAX NO: N/A

E-MAIL: ebhanvdberg14@gmail.com

Address where animal will be kept: 49 Geelhaub Ave.

Reason for wanting an animal: Want an extra heart ab home

Occupation: Work From Home/Online Businres

Do you own or rent your property: Rents 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: To gaurd the house and look after us, lonely.

Is the animal for yourself? YES/NO

Is the animal a replacement for a pet which has died from: Distemper/Paryovirus/Snuffles/Cat Flu/Biliary YES/NO

What breed of dog or cat are you interested in? Boerboel/Rotwieler

Can you afford private veterinary fees? yes Who is your vet? De Graaf

How many animals live on your property DOGS 0 CATS 4 OTHER N/A

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

Are all your animals sterilised? Give details N/A

How many dogs and cats have you owned over the past 3 years? DOGS N/A CATS N/A OTHER N/A

Which animals do you still have, and what happened to the others? Cats, left by previous owner

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

Full description of the fencing and gate: One big gate and one small Height: 1,6m

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER indoors

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

Pre Home Inspection Fee: R100 Receipt No.: 4644

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** 4644 14/10/24.

PRE HOME NO MPRE 001

ADMISSION NO ~~MBY 3274~~ ~~MBY 3275~~

PRE HOME INSPECTION FORM DOMESTIC ANIMALS MBY 3275

9920030003560 67

MA 00046

PASSED: YES / NO DATE UNDERTAKEN: 14/10/2024 TIME: 12:30

NAME OF APPLICANT: Mnr Ethan van der Berg

ADDRESS: 49 Geelhout Ave, Hartenbos Heuwels

HOME TEL No: _____ CELL No: 060 982 4155

ANIMAL(S) ADOPTING: 2 x Boerboel X

SEX: 1 Male + 1 Female AGE: ± 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 16 Feet		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: Pool with net	
Does applicant live at the address?	YES ☑ / NO ☐	How many animals are on the property?	0

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	**2**	**3**	**4**	**5**
BREED	—				
CONDITION	—				
WELFARE (good?)	—				
SEX & AGE	- / -	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ **CATS** ☐ **SMALL DOGS**

☑ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: _____ **SPCA:** Mosselbaai **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	**RESULT**	**REMARK**	**BY WHOM**

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

NOTE TO MY OWNER
Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE (signature) (BVSc)

DATE 17/10/2024

DOCTOR'S NAME Dr. A.S. Muller.

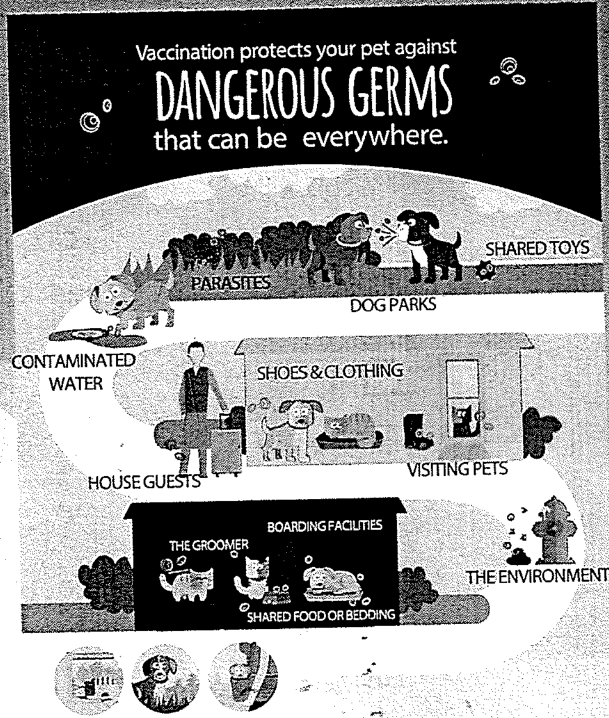
Garden Route SPCA
P.O. Box [illegible]
George, 6530
Ph (044) 693 - 0824

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours

Monday and Friday: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday: 09:00 - 11:00

MY OWNER

NAME	Ethan v.d. Berg
POSTAL ADDRESS	
STREET ADDRESS	49 Geelhout Ave,
	Hartenbos Heuwels
HOME PHONE	
WORK PHONE	
CELLPHONE	060 982 4155
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	BOERBOEL
COLOUR	BROWN
SEX	MALE
DATE OF BIRTH	2024
MICROCHIP/TATTOO	992003000356067
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
7/10/25		
1/11/2024		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/10/24	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F48436 Ut. av./Exp.: 27/04-2026	SPCA AWA
01/10/24	NOBIVAC 1 DOSE PEEL HERE 02121A77E 22-OCT-2025	SPCA AWA
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

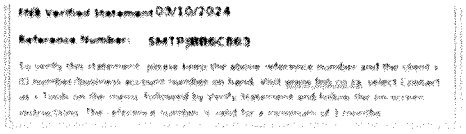
I WAS VACCINATED ON

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

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

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

Find us on: facebook.


FNB Verified Statement 03/10/2024

Reference Number: SMTP[illegible]B863

To verify this statement, please keep the above reference number and the client's ID number/business account number on hand, visit www.fnb.co.za, select Contact us > Tools on the menu, followed by Verify Statement and follow the on-screen instructions. The reference number is valid for a maximum of 3 months.

P O 3@1 Suite 2,Private Bag X5
Hartenbos ,6520
Street Address Mossel Bay
Shop 95,Langeberg Mall,Louis Fourie Rd
Universal Branch Code 250655
fnb.co.za
Lost Cards 087-575-9406
Account Enquiries 087-575-9404
Fraud 087-575-9444
Relationship Manager Aspire Suite
(087) 575-4653

BBST1 075256

MR ETHAN N VAN DER BERG
NICOLAAS
49 GEELHOUT AVE
HARTENBOS
MOSSEL BAY
6520

03 OCT 2024

Statements
250-655

Customer VAT Registration Number Not Provided
Bank VAT Registration Number 4210102051

FNB Aspire Current Account : 6312076178

Tax Invoice/Statement Number
Statement Period : 25 September 2024 to 25 September 202
Statement Date : 25 September 202

Statement Balances		Bank Charges		Interest Rate	
Opening Balance	0.00	Service Fees	0.00	Credit Rate**	Tiered
Closing Balance	942.00 Cr	Cash Deposit Fees	0.00	Debit Rate*	0.00%
# Inclusive of VAT @ 15.00%	1.04 Dr	Cash Handling Fees	0.00		
Total VAT (ZAR)	1.04 Dr	Other Fees	8.00 Dr		

Transactions in RAND (ZAR)

Date	Description	Amount	Balance	Accrued Bank Charges
25 Sep	Payshap Credit E Van Der Berg	50.00 Cr	50.00 Cr	
25 Sep	Payshap Credit E Van Der Berg	800.00 Cr	850.00 Cr	
25 Sep	Payshap Credit E Van Der Berg	100.00 Cr	950.00 Cr	
25 Sep	#Debit Card Intl POS Unsuccess #Fee Declined Foreign Tr 4578965142297884	8.00	942.00 Cr	
	Closing Balance		**942.00 Cr**	

Turnover for Statement Period

No. Credit Transactions 3	950.00 Cr
No. Debit Transactions 1	8.00 Dr

Please contact us within 30 days from your statement date, should you wish to query an entry on this statement (incl. card transactions done during this statement period, but not yet reflecting). Should we not hear from you, we will assume that you have received the statement and that it is correct.

For more information on your Pricing Option, please contact us or visit our website.
**For the latest Credit Rates on product, please go to fnb.co.za
*Debit Rate is subject to the maximum annual variable interest rate allowed by the NCA which is 22.00%

On 20 September 2024, the Prime Lending Rate changed to 11.50%. This may impact the rate on any of your credit facilities.

Delivery Method: F1 R04
NS/25/WV/DDA 06
308

Branch Number	Account Number	Date	DDA 06/94/HX/KM/KM/PA/PB/B2/LE/Y	FN
308	63120761788	2024/09/25	FNB ASPIRE CURRENT ACCOUNT	

164953

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname
VAN DER BERG
Names
ETHAN NICOLAAS
Sex
M
Nationality
RSA
Identity Number
0303066618082
Date of Birth
06 MAR 2003
Country of Birth
RSA
Status
CITIZEN

Signature

Conditions:

This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
02 FEB 2021

RSA

113565630

Backhome

Virba

* COMPULSORY F
* PRINT INFORMA

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000356067

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

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 060 982 4155

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

E-mail * ethanudberg14@gmail.com

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

Title * MR

Initials * E

Surname * VD BERG

Street 49 Geelhout Ave

City

Suburb

Area Code HARTENBOS HEUWELS

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 * 18 - 10 - 2024

Date of Implant * 18 - 10 - 2024

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip NOYEBO NGQELE

PET DETAILS

Pet Name

Date of birth 2024

Species * CANINE

Breed * BOERBOEL X

Colour BROWN

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 saic Veterinarian and / or it's office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal informatior VIRBAC (Supplier of the Chip), in order for Virbac to lodge the clients personal information on their database for tracking purposes. The client also agrees that where other relevant institutions trace a lost animal, and they use that code on Virbac's website they will be given the personal information of the owner of said animal. The client also agrees that his / her personal informatio used by Virbac to forward him / her a Newsletter as well as to send him / her general information concerning pets. The client acknowledges that he / she has a right to object to the processing personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by _____ Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____

REGISTRATION PROCESS – Please use one of the following option to register on the backhome database

1. On-line	Log onto www.backhome.co.za. Complete the registration process.
2. By fax	Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
3. By e-mail	Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za