

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-Home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract Done 07/11/2024
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

ADMISSION NO:

MBY 4146

CONTRACT NO:

MA 00069T

Adoptee INFO:

Name & Surname K. A. Heynes

Contact INFO: 0725175806

Completed by: _____

Date: 12/11/2024

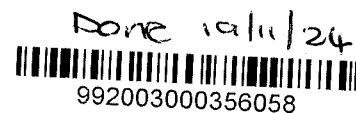
Manager: _____

Date: 12/11/2024

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

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

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



ADMISSION, ASSESSMENT AND HISTORY RECORD

headed.



Garden Route

KENNEL No. <u>K No 34</u>		ADMISSION No. <u>MBY4146</u>				
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>28/10/24</u>	Time in		<u>12:50</u>	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>28/10/24</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>28/10/24</u>	Microchip or ID Tag number	<u>None</u>

DESCRIPTION & HISTORY	<u>Dog</u>	Cat	Other species (Specify) <u>B/I</u>			
	Breed	<u>Maltese</u>		Colour and Markings	<u>Wit & Bruin ore.</u>	
	Condition	<u>Fair</u>		Sex	<u>♀</u>	Age <u>16 maanden</u>
	Temperament	<u>Fair</u>		Sterilisation details	<u>No</u>	Name <u>Mia</u>
	Coat <u>L</u>	Tail <u>L</u>	Teeth Condition <u>Fair</u>	Ears <u>hang</u>	Size <u>1</u>	
	Area found / collected from <u>Island View</u>					Date <u>28/10/24</u>
	Reason for surrender <u>Can't look after the dog</u>					

ASSESSMENT		Surrendered by		Name		<u>TARRYN DUTSCHAN</u>
GOOD WITH: Yes No		Found by				
Children	☐	Residential Address		<u>44 SOLI AVENUE, MOSCO BAY</u>		
Cats	☐			<u>East 13</u>		
Other Dogs	☐	Postal Address		<u>No postal</u>		
Livestock/Other	☐	Tel (H) <u>No num</u>		Tel (W) <u>No num</u>	Cell	<u>0736900913</u>
DO THEY: Yes No	☐	Email		<u>tarryn.dutschan@gmail.com</u>		
Jump Fences	☐	Donation R <u>None</u>		Cash	Card	EFT (Receipt No.) <u>None</u>
Run Away	☐					

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

STATEMENT OF SURRENDER

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

Hiermee verklaar ek dat ek dier/e hierbo beskryf BESIT NIE BESIT NIE dat dit 'n RONDLOPER / NIE RONDLOPER NIE is, en dat ek WEET NIE WEET waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdrukklik 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 <u>[Signature]</u>	Witness for Society <u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
Details of third Applicant	

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐

On Date:

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.
1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging to 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



992003000356058

Date 07/11/2024

MEDICAL RECORD

Date	Remarks	Treatment	Cost
30/10/24	Trinon Ant rabies		
	Nxt - 29/11/2024		

PTS APPROVAL

NAME	SIGN

**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): K.A. HEYNESHOME ADDRESS: PROTEARD 22 PACAULSDORP, George.

ID NO.: _____

POSTAL ADDRESS: _____

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

CELL NO: 0725175806 FAX NO: _____E-MAIL: heynekelvin9@gmail.comAddress where animal will be kept: PROTEARD 22 PACAULSDORPReason for wanting an animal: LOVER ANIMALSOccupation: LAW ENFORCEMENT OFFICERDo you own or rent your property: OWN Do you have consent from owner / Body Corporate? _____Are you a student with consent to keep pets? YES/NOReason for wanting an animal: NAIs the animal for yourself? YES/NOIs the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/NO

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

Can you afford private veterinary fees? Yes Who is your vet? VITAL VETHow many animals live on your property DOGS 1 CATS _____ OTHER _____What are the sexes of your animals? DOGS: Male X Female _____ CATS : Male _____ Female _____Are all your animals sterilised? Give details YesHow many dogs and cats have you owned over the past 3 years? DOGS 1 CATS _____ OTHER _____

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

Is your property fenced and has a proper gate? Yes Will you chain/cage an animal? NoFull description of the fencing and gate: FIBERCRATE Height: 1.8

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER _____

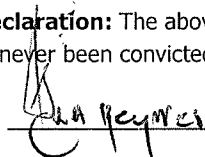
Have you previously had pets from an SPCA? No Are there children under the 10 years in your household? No

Pre Home Inspection Fee: _____ Receipt No.: _____

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 24/11/07

DATE	PRODUCT	DATE	PRODUCT
------	---------	------	---------

Quantel

DEWORMER FOR DOGS AND CATS

DEWORMER FOR DOGS AND CATS

DEWORMING FOR HAPPIER HEALTHIER DOGS:

Exitel Plus **Exitel Plus XL**

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.

四十五

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VEERINAGAN'S SIGNATURE

四六

DOCTOR'S NAME

07/11/2024
Dr. A. S. Aulke

PRACTICE STAMP



Animal Health

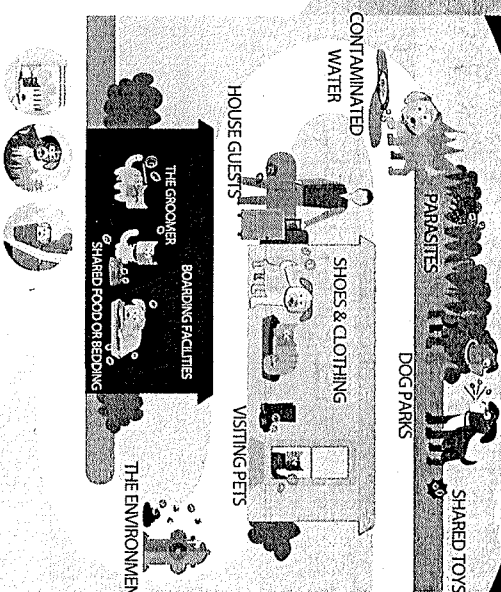
Intervet South Africa (Pty) Ltd, Reg. No. 1993/006580/07

20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 085 603 1777

www.pet-animal-health.co.uk 7410012120000

VACCINE RECORD CARD

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



PET'S NATIVE

五、

GARDEN ROUTE SPCA
MOSEL BAY

18 BILL JEFFERY AVE
KVANONGABA

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	K. A. Hynes
POSTAL ADDRESS	
TREE ADDRESS	Potea Road 22,
	Pacaltsdorp, George
HOME PHONE	
WORK PHONE	
CELLPHONE	072 5175806
FEEDER DETAILS	

ME

SPECIES	CANINE
BREED	MALTESE X
COLOUR	WHITE + GREY
SEX	Female
DATE OF BIRTH	2024
CHIPPING/PATTING	
AFURMARKS	992003000356058

NEXT VACCINATION DUE

DATE	DATE	DATE
9/11/2024		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
30/10/24	MSD Animal Health + Myxim + Rabies	A.H.I
	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	

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's up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DHPPi (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), Nobivac® Treat 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 (isoquinoline) 50 mg/tablet and Fenbendazole (benzimidazole) 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 Fenbendazole 175 mg, Exitel Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 525 mg, Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fipronil per kg body weight.



after 3h30

Mossel Bay

PRE HOME NO
ADMISSION NO

Section 4-5B: Page 1

GPRE 024

M/Bay

34

Page 1

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES ☐ NO

DATE UNDERTAKEN:

8/11/2021

TIME:

16h15

NAME OF APPLICANT:

K. A. Heynes

ADDRESS:

22 Protea Park
Pacaltsdorp, George

HOME TEL No:

CELL No:

ANIMAL(S) ADOPTING:

X 1 Malttese

SEX:

Female

AGE:

0725175806

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	± 1.8 metres	Suitability of fence (i.e. small pets can't escape):	Yes
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?	Wooden gate
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify:	Vibrocote
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	Belgium Shepherd				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	M / 2y	/	/	/	/
STERILISED	YES ☐ / NO ☒	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS	Belgium Shepherd not sterilised. Owner do not want to for a valid reason. Explained to Sue and Solome
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PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



CATS



SMALL DOGS



MEDIUM DOGS



LARGE DOGS

INSPECTED BY:

Hennico Byers

SPCA:

George

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
HEYNES
Names:
KELVIN AINSLEY
Sex:
M
Nationality:
RSA
Identity Number:
6907255144081
Date of Birth:
26 JUL 1969
Country of Birth:
RSA
Status:
CITIZEN


Signature: _____

Conditions: _____ Date of Issue: **19 JUN 2024**

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 80 11 90

25149

115516350





ADMISSION No.
TOELATINGSNR.

MBY 4146

UITPLASINGSKONTRAK



ADOPTION CONTRACT
MA00069T

Garden Route

DOG / CAT	Breed	Male / Female
Microchip and		

992003000356058

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

- I do hereby confirm and undertake, that;
- I am over eighteen (18) years of age;
- All family members agree to the adoption and will abide by the conditions in the contract.
- I will not part with possession of the animal except to return it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable promises. 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 within 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/Met (Insluitende voorletters):

HOME ADDRESS
WOONADRES: Protea Rd 22, Pacaltsdorp,

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

CELL No:
SELFOON Nr: 072 5175806

E-MAIL:
E-POS: hegneskelvin9@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

VEHICLE REG NO:
VOERTUIG REG Nr: CAW 31633

SIGNATURE
HANDTEKENING:



Garden Route

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

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuisle 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 familieledes 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 besorg. As ek om enige rede nie daarvoor in staat is om die dier te hou nie sal ek nie besit van die dier afsaak nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspraklikheid om alle onkoskes 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 aanspraklikheid vir alle onkoskes wat die DBV mag aangaan, insluitende die reiskoskes volgens 'n prokureur en klient skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuisle 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 veeartsnykundige bekostig.
- Ek onderneem om die dier se nodige inenings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
- Ek verstaan dat, indien die dier siek word (basierings 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 - slegs rokkbandjies mag vir kattle gebruik word.
- My erf is behoorlik omheg en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die dier gebruik of toelaat dat die dier as 'n 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 wredeheid of verwaarloos 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.

K.A. Hegnes

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

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: KWITANSIE Nr: 4761
RECEIPT No.:

VEHICLE MAKE:
VOERTUIG MAAK: Toyota

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER
992003000356058

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 * FR 14 / 13019
Vet Practice Name * SPCA VETROOM MOSSELBAY
Vet Practice Phone - Daytime * 044 6930824

PET OWNER INFORMATION

Cell No. * 072 5175806
E-mail * heyneskelvin9@gmail.com
Title * MR Initials * K.A.
Street Protea Rd 22
Suburb
Country
Phone - Day time

Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notification. If possible, please provide a personal email, not a company email.

Surname * Heynes
City
Area Code PACALTSPOOR
Province
Phone - Night time

OTHER CONTACTS

Title *	Initials *	Surname *
Cell No. *		
Title *	Initials *	Surname *
Cell No. *		
Title *	Initials *	Surname *
Cell No. *		

CHIP DETAILS

Registration Date * 19 - 11 - 2024
Date of Implant * 07 - 11 - 2024
Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No
Name of Vet who implanted the Chip BHO. SMITH

PET DETAILS

Pet Name
Species * CANINE
Colour WHITE + GREY
Gender Male ☒ Female
Date of birth 2024
Breed * MALTESE X
Markings
Sterilised ☒ Yes ☐ No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐
KUSA Registration Number
Pet Registered Name

MEDICAL

Medical Conditions
Medical Insurance Company
Medical Insurance Policy Number
Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

The client hereby agrees that his / her personal information herein-supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said Veterinarian and / or its office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal information 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 institutions trace a lost animal, and they use that code on Virbac's website they will be given the personal information of the owner of said animal. The client also agrees that his / her personal information used by Virbac to forward him / her a Newsletter as well as to send him / her general information concerning pets. The client acknowledges that he / she has a right to object to the processing of his / her 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 [Signature]

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

- On-line Log onto www.backhome.co.za. Complete the registration process.
- By fax Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364