

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:

MB Y4044

CONTRACT NO:

MA00057T

Adoptee INFO:

Name & Surname Jagues Swiegeleer

Contact INFO: 08 2 80 90 229 /
082 771 2281

done on 06/11/24.



992003000356218

Completed by: [Signature]

Date: 01/11/24.

Manager: [Signature]

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. C8 C4				ADMISSION No. MBY4044		
Stray	<u>Surrender</u>	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	11/10/24
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	11/10/24	Microchip or ID Tag number	NONE	

DESCRIPTION & HISTORY	Dog	<u>Cat</u>	Other species (Specify)		
	Breed	DSH	Colour and Markings Ginger		
	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 Allot drive	
Cats	☐			D' Almeida	
Other Dogs	☐	Postal Address		N/A	
Livestock/Other	☐	Tel (H)		N/A	Tel (W) N/A Cell NONE
DO THEY: Yes No		Email		N/A	
Jump Fences	☐	Donation R		N/A	Cash Card EFT (Receipt No.) N/A
Run Away	☐				
COMMENTS:					

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: **N/A** Case No: **N/A** Inspector: **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 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 **Refer to MBY 3991** Witness for Society

FOR OFFICE USE: PENDING ADOPTION		Details of second Applicant	
Details of first Applicant		Details of third Applicant	

Claimed ☐ Adopted ☐ Euthanased ☐ Other ☐

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 and ID tag	Collar	Yes	Microchip
992003000356218			

Date 31/10/2024

MEDICAL RECORD

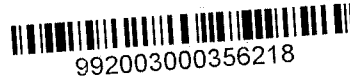
Date	Remarks	Treatment	Cost
16/10/20	Vacc		
	Next - 13/11/24		

PTS APPROVAL

NAME	SIGN

ADOPTION VET CHECK - DR. DEMPSEY/DR SUZAAN

[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): JACQUES SWIEGELAAR

HOME ADDRESS: 34 HENNING WEG, ISLAND VIEW.

ID NO.: 7509225075081

POSTAL ADDRESS: 34 HENNING WEG, ISLAND VIEW.

TEL NO (H): 0827712281 (B): _____

CELL NO: 0828090229 FAX NO: _____

E-MAIL: JACQUESSWIEGELAAR@VODAMAIL.CO.ZA.

Address where animal will be kept: 34 HENNING WEG

Reason for wanting an animal: _____

Occupation: SYSTEMS SPECIALIST

Do you own or rent your property: NO Do you have consent from owner / Body Corporate? _____

Are you a student with consent to keep pets? _____ YES/NO NO

Reason for wanting an animal: PET

Is the animal for yourself? _____ YES/NO NO

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary _____ YES/NO NO
What breed of dog or cat are you interested in? _____

Can you afford private veterinary fees? YES Who is your vet? MOSELBAY - ANIMAL HOSP

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

What are the sexes of your animals? DOGS: Male _____ Female ✓ 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 _____ CATS 2 OTHER _____

Which animals do you still have, and what happened to the others? DIED 1 LEFT

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

Full description of the fencing and gate: _____ Height: ✓

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER INHOUSE

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

Pre Home Inspection Fee: R100.00 Receipt No.: MBY 4671.

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 22/0/2024



99200300356218
MAO 005TT

Section 4-5B: Page 1

PRE HOME NO

MPRE 012

ADMISSION NO

MBY 4044

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES ☐ NO

DATE UNDERTAKEN: 23/10/2024

TIME: 13:00

NAME OF APPLICANT: Jacques Swiegelaar

ADDRESS: 34 Henning weg, Island View

HOME TEL No: CELL No: 082 8090229

ANIMAL(S) ADOPTING: Ginger kitten.

SEX: Female AGE: 12 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION

Type and height of fence:	well	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	DHC				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	F 19m	1	1	1	1
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: Hentae

SPCA: Mossel

SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Jacques Swieglar
POSTAL ADDRESS	
STREET ADDRESS	34 Heening way Island View
HOME PHONE	
WORK PHONE	
CELLPHONE	0828090229
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOR	Golden
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTOO	
FEATURES/MARKS	

992003000356218

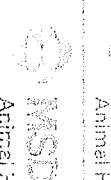
NEXT VACCINATION DUE

DATE	DATE	DATE
15/11/2024		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VEI SIGNATURE
16/10/24	 MSD Animal Health	A.H.T
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VEI SIGNATURE
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 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. G2804 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3860 Act 36/1947), Nobivac® Tricat Trio (Reg. No. G3712 Act 36/1947), Nobivac® Rabies (Reg. No. G2207 Act 36/1947), Quantel® Tablets (Reg. No. G2717 Act 36/1947) Contains Praziquantel (isoniazole) 50 mg/ml and Fenbendazole (benzimidazole) 500 mg/ml, Exitel Plus XL (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Fenbendazole 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 Fenbendazole 525 mg, Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.



Animal Health

Exitel Plus

Exitel Plus XL

Bravecto

facebook.com/RevuethSouth



RABIES MOVEMENT PERMIT

[illegible]

THE
DEMOCRATIC PACIFIC ORIENTAL EMERGENCY

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.

11月4日

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VERBODEN VAN SIGNATURE

DAIRY

DOCTOR'S NAME

PRACTICE STAMP



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
www.msd-animal-health.co.za ZA-NV211200001

VACCINE RECORD CARP

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



PET'S NAME

DEATH

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

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000356218

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 082 809 0229

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

E-mail * Jacques.wiegelaar@vodanet.co.za

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

Title * MR Initials * Jacques

Surname * Swiegelaar

Street 34 Henning Weg

City

Suburb

Area Code Island View

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 - 01 - 2024

Date of Implant * 31 - 10 - 2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name

Date of birth 2024

Species * FELINE

Breed *

Colour GINGER

Markings

Gender Male Female

Sterilised Yes No

KENNEL UNION OF SOUTH AFRICA (KUSA)

MEDICAL

Are you a KUSA Registered Member? Yes No

Medical Conditions

KUSA Registration Number

Medical Insurance Company

Pet Registered Name

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

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

1. On-line
2. By fax
3. By e-mail

Log onto www.backhome.co.za. Complete the registration process.

Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364

Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za



Garden Route

DOG / CAT	Breed	Male/Female
Microchip and	992003000356218	

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

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

HOME ADDRESS

WOONADRES: 34 Henning weg

TEL No (H):

TELEFOON Nr (H):

CELL No:

SELFOON Nr: 082 8690229

E-MAIL:

E-POS: jacquesswiegelar@vodamail.co.za

ADOPTION FEE:

AANEMINGSVOOL:

VEHICLE REG No.

VOERTUIG REG Nr:

SIGNATURE

HANDTEKENING:

DATE:

ADMISSION No.
TOELATINGSNR.

MB Y 4044



Garden Route

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

UITPLASINGSKONTRAK

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 familielide stem saam oor die aanname en sal al die voorwaardes in die kontrak nakom.
- Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkosles 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 onkosles 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 veeartsnykundige bekostig.
- Ek onderneem om die dier se nodige hennings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
- Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanname, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
- Ek onderneem om toe te sien dat die dier gesterriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir kette gebruik word.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die dier gebruik of toelaat dat die dier as 'n 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 aanneem te mishandel 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.

Jacques Swiegelar

ID/PASSPORT No.:

ID/PASPOORT Nr.: 7507225075081

(B):

(W):

FAX No:

FAKS Nr:

ADOPTION FEE:

AANEMINGSVOOL:

cash / eft / card

kontant / eft / kaart

DONATION:

DONASIE:

KWITANSIE Nr

RECEIPT No.

VEHICLE REG No.

VOERTUIG REG Nr:

VEHICLE MAKE:

VOERTUIG MAAK:

COLOUR:

KLEUR:

WITNESS FOR SOCIETY:

GETUIE VIR VEREENIGING:

01-11-2024

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
SWIEGELAAR
Names:
JACQUES
Sex:
M
Nationality:
RSA
Identity Number:
7507225075081
Date of Birth:
22 JUL 1975
Country of Birth:
RSA
Status:
CITIZEN


Signature: 



Conditions: Date of Issue:
15 APR 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

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STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA00057T
MB14044

DATE: 01/11/24

between Mosselbay SPCA

and

Name Jacques Swieelaar

Address 34 Henning Weg, Island View

Telephone Numbers (H) 0828090229

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

Animal's Name DSH Ginger Sex Female Age 2 months

Description DSH Ginger

On (due date) MA00057T Adoption Form No. MA00057T

on the understanding that you will arrange to have this done at the Mosselbay SPCA 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: [Signature]

For SPCA: [Signature]

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____