

# 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:

MBY4012

CONTRACT NO:

MA00062T

Adoptee INFO:

Name & Surname Theunika van der Merwe

Contact INFO: 0823009096

Completed by: [Signature]

Date: 12/11/2024

Manager: [Signature]

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.

18/11/24



992003000356216

# ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded:



Garden Route

|                            |                  |           |          |                              |                  |                        |
|----------------------------|------------------|-----------|----------|------------------------------|------------------|------------------------|
| KENNEL No. <u>C1 CB 25</u> |                  |           |          | ADMISSION No. <u>MBY4012</u> |                  |                        |
| Stray                      | <u>Surrender</u> | Abandoned | Returned | Impounded                    | Confiscated      | Request for euthanasia |
| Date in                    | <u>03/10/24</u>  |           | Time in  | <u>8:20</u>                  | Date for release |                        |

|                                  |                                                                        |                         |                      |                                                                        |                           |                 |
|----------------------------------|------------------------------------------------------------------------|-------------------------|----------------------|------------------------------------------------------------------------|---------------------------|-----------------|
| IDENTIFICATION & LOST AND FOUND  |                                                                        |                         | Lost & Found checked | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Lost & Found Date checked | <u>03/10/24</u> |
| Microchip/Collar or ID tag found | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Date scanned or checked | <u>03/10/24</u>      | Microchip or ID Tag number                                             | <u>None</u>               |                 |

|                       |                                            |               |                                    |                     |                      |                  |
|-----------------------|--------------------------------------------|---------------|------------------------------------|---------------------|----------------------|------------------|
| DESCRIPTION & HISTORY | Dog                                        | <u>Cat</u>    | Other species (Specify) <u>B/I</u> |                     |                      |                  |
|                       | Breed                                      | <u>DSH</u>    | Colour and Markings                |                     | <u>100%</u>          |                  |
|                       | Condition                                  | <u>Fair</u>   | Sex                                | <u>♀</u>            | Age                  | <u>± 1 month</u> |
|                       | Temperament                                | <u>Fair</u>   | Sterilisation details              | <u>No</u>           | Name                 |                  |
|                       | Coat <u>S</u>                              | Tail <u>L</u> | Teeth Condition <u>Fair</u>        | Ears <u>Pricked</u> | Size <u>S</u>        |                  |
|                       | Area found / collected from <u>Asla</u>    |               |                                    |                     | Date <u>03/10/24</u> |                  |
|                       | Reason for surrender <u>Too many cats.</u> |               |                                    |                     |                      |                  |

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

|                     |                       |                                         |
|---------------------|-----------------------|-----------------------------------------|
| Surrendered by      | Name                  | <u>Zenia Frans.</u>                     |
| Found by            |                       |                                         |
| Residential Address | <u>4927 Belu Str.</u> |                                         |
| Postal Address      | <u>No postal</u>      |                                         |
| Tel (H)             | <u>No num</u>         | Tel (W) <u>No num</u>                   |
|                     |                       | Cell <u>0619054990</u>                  |
| Email               | <u>No email</u>       |                                         |
| Donation R          | <u>None</u>           | Cash Card EFT (Receipt No.) <u>None</u> |

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 ek '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                        | <u>Refer to MBY</u> | Witness for Society         | <u>h.s. Joseph</u> |
| FOR OFFICE USE: PENDING ADOPTION |                     | Details of second Applicant |                    |
| Details of first Applicant       |                     | Details of third Applicant  |                    |

## CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

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 te bewerkstellig.

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 '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 ongesteryliseer 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: \_\_\_\_\_

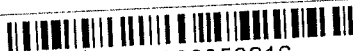
Reclaim Charge: \_\_\_\_\_ Added Donation: \_\_\_\_\_ Cash/EFT/Card (Receipt No.) \_\_\_\_\_

ID/Passport No: \_\_\_\_\_ Copy Attached: Yes ☐ No ☐

Vehicle Model \_\_\_\_\_ Colour \_\_\_\_\_ Reg. No: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness for Society \_\_\_\_\_

Microchip / Collar and ID tag given



992003000356216

Date \_\_\_\_\_

## MEDICAL RECORD

| Date     | Remarks        | Treatment | Cost |
|----------|----------------|-----------|------|
| 16/10/24 | Vacc           |           |      |
|          | N/A - 15/11/24 |           |      |
|          |                |           |      |
|          |                |           |      |
|          |                |           |      |

| PTS APPROVAL |      |
|--------------|------|
| NAME         | SIGN |
|              |      |
|              |      |
|              |      |



992003000356216.



# 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): Theunita (THC) Von Der Merwe

HOME ADDRESS: 14 Meeu-n-dal, Wassenaar st, Seemeepark

ID NO.: 850318 0129 087

POSTAL ADDRESS: Same as Home Address

TEL NO (H): 082 340 9096 (B): 082 340 9096

CELL NO: 082 340 9096 FAX NO: 082 340 9096

E-MAIL: nvdmerne97@gmail.com

Address where animal will be kept: 14 Meeu-n-dal, Wassenaar st, Seemeepark

Reason for wanting an animal: My daughter needs an emotional animal - she loves cats.

Occupation: Mental Health Therapist

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: My daughter needs an emotional animal - she loves cats

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

What breed of dog or cat are you interested in? Don't know

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

How many animals live on your property DOGS None CATS None OTHER None

What are the sexes of your animals? DOGS: Male None Female None CATS: Male None Female None

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned over the past 3 years? DOGS 1 CATS 1 OTHER None

Which animals do you still have, and what happened to the others? Alex (Dutchboud) died 3 months ago. He was a frog.

Is your property fenced and has a proper gate? Yes go. He was a frog. Will you chain/cage an animal? No

Full description of the fencing and gate: Our backyard is closed.

What shelter is provided: OUTDOORS Yes KENNEL None OTHER Home environment

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

Pre Home Inspection Fee: None Receipt No.: None

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

Theunita

Date of application

1/11/2024



PRE HOME NO

MPRE 022

MA 00062T

ADMISSION NO

MBY400

## PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003000356216

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 8/11/2024

TIME: 10:25

NAME OF APPLICANT: Theunita van der Merwe

ADDRESS: 14 Meer-n-dal, Wassenaar Str, Secmoeupark

HOME TEL No: CELL No: 082 300 9096

ANIMAL(S) ADOPTING: Kitten

SEX: Female AGE: 2 months

## PRE- HOME INSPECTION:

| PROPERTY DESCRIPTION                              |                                                                       |                                       |                                                            |
|---------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------|
| Type and height of fence: 1.4m + gates            | Suitability of fence (i.e. small pets can't escape):                  |                                       |                                                            |
| Suitable shelter? (i.e. Kennel in protected area) | YES <input checked="" type="checkbox"/> / NO <input type="checkbox"/> | Any sign of Chain/Runner?             | YES <input type="checkbox"/> / NO <input type="checkbox"/> |
| Is the front yard separated from the back?        | YES <input checked="" type="checkbox"/> / NO <input type="checkbox"/> | If yes, what partitioning?            | Walls                                                      |
| Any hazards? (pool, rubble, razor wire, etc)      | YES <input type="checkbox"/> / NO <input checked="" type="checkbox"/> | Specify:                              |                                                            |
| Does applicant live at the address?               | YES <input checked="" type="checkbox"/> / NO <input type="checkbox"/> | 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 <input type="checkbox"/> / NO <input type="checkbox"/> | YES <input type="checkbox"/> / NO <input type="checkbox"/> | YES <input type="checkbox"/> / NO <input type="checkbox"/> | YES <input type="checkbox"/> / NO <input type="checkbox"/> | YES <input type="checkbox"/> / NO <input type="checkbox"/> |

## OTHER INFORMATION / COMMENTS

Cat will be indoors

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☐ SMALL DOGS☐ MEDIUM DOGS☐ LARGE DOGS

INSPECTED BY: M. Wenzel

SPCA: M. Bay

SIGNATURE: M. Wenzel

## POST HOME INSPECTIONS

| DATE | RESULT | REMARK | BY WHOM |
|------|--------|--------|---------|
|      |        |        |         |
|      |        |        |         |
|      |        |        |         |

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



Gordon Route

## ADOPTION CONTRACT

MA00062T

|              |                 |               |
|--------------|-----------------|---------------|
| DOG / CAT    | Breed           | Male / Female |
| Microchip at | 992003000356216 |               |

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)  
NAAAM - Prof/Dr/Mnr/Mvr/Moj (insluitende voorletters):

HOME ADDRESS  
WOONADRES: 14 Meer- en -dal,  
Wassenaar Str, Seemecupark  
TEL No (H):  
TELEFOON Nr (H):

CELL No:  
SELFOON Nr: 082 300 9096

E-MAIL:  
E-POS: nvdmerwe97@gmail.com

ADOPTION FEE:  
AANEMINGSVOOL: R850

cash / eft / card  
kontant / eft / kaart

DONATION:  
DONASIE:

KWITANSIE Nr  
RECEIPT No. 4765

VEHICLE REG No.  
VOERTUIG REG Nr. CX 39623

VEHICLE MAKE:  
VOERTUIG MAAK: Opel Corsa

COLOUR:  
KLEUR: Wit

SIGNATURE  
HANDTEKENING: [Signature]

WITNESS FOR SOCIETY  
GETUIE VIR VEREENIGING: [Signature]

ADMISSION No.  
TOELATINGSNR.

MBY4012



Gordon Route

## UITPLASINGSKONTRAKT

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

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

- Ek onderneem en bevestig dat;
- Ek ouer as agtien (18) jaar is.
- Alle familieliede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- Indien ek om enige rede nie langer die diër 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 diër te hou nie sal ek nie besit van die diër afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkoste aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die diër by 'n geskikte persoon met aanvaarbare huis en erf gehulswes is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en klient skaal, in die terugbesorging van die diër.
- Ek sal die diër '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 diër te versorg en te huleses na die Vereniging se tevredenheid.
- Ek sal nie die diër vasketting of gehok hou nie, en aanvaar dat indien die diër wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
- Ek kan die dienste van 'n private veeartsynskundige bekostig.
- Ek onderneem om die diër 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 diër siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die diër 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 diër gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my diër te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjies - slegs rekbandsplaatjies mag vir kette 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 diër 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 diër wel versorg word soos in die Uitplasingbeleid uiteengesit. Ek sal toelaat dat die Vereniging die diër in baai naam indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die diër gebruik of toelaat dat die diër 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 diër wat ek aanneem te mishandel, verwaarloos of te verlaat nie.

\* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wredeheid of verwaarloos van enige diër nie.

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

Theunita van der Merwe

ID/PASSPORT No.:  
ID/PASPOORT Nr.: 850318 0129 087

(B):  
(W):

FAX No:  
FAKS Nr:



# MY OWNER

NAME Theunita vander Merwe

POSTAL ADDRESS

STREET ADDRESS 14 Meu-n-dal

HOME PHONE

WORK PHONE

CELLPHONE 082 300 9096

BREEDER DETAILS

## ME

SPECIES Feline

BREED OSH

COLOUR Torti

SEX Female

DATE OF BIRTH 2024

MICROCHIP/TAITE 992003000356216

FEATURES/MARKS

## NEXT VACCINATION DUE

DATE DATE DATE

15/10/24

# I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE

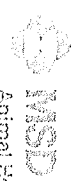
16/10/24



A.H.T.

# I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



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. G237 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® 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 (isoninoline) 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 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.



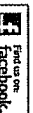
Animal Health

Quantel

Exitel Plus

Exitel Plus XL

Bravecto



facebook

facebook.com/Bravecto\_South



# RABIES MOVEMENT PERMIT

[illegible]

# Excel Plus Excel Plus XL

## NEW! ORMINIC SOA HARBIER HEALTIES DOGS

**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

1997

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

# CERTIFICATE OF STERILISATION

# NEEDS VAN DYKE'S SIGNATURE

44

# DOCTOR'S WAVE

PRACTICE STAMP

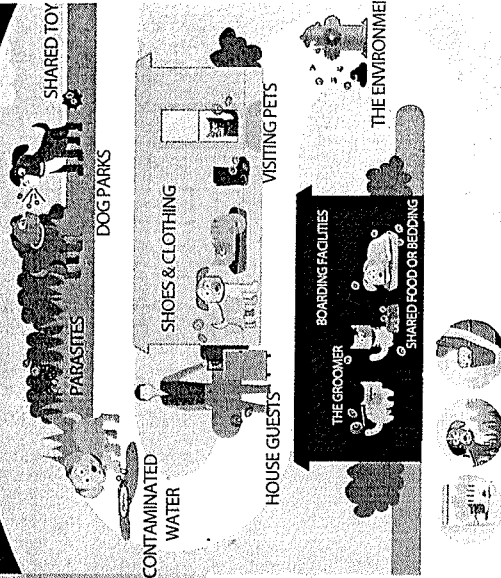


Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/005590/07  
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](http://www.msd-animal-health.co.za) ZA-NOV-211/200001

# VACCINE RECORD CARD

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



SEEKING

新刊

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

## HUURKONTRAK

Hierdie kontrak bestaan uit Dele A en B wat 'n geïnkorporeerde geheel vorm en in alle opsigte saamgelees word.

### DEEL A

#### 1. BOEKSTAWING

##### 1.1 VERHUURDER

ADEAN HAVINGA  
ID: 7506185041083

(hierna die "Verhuurder" genoem)

##### 1.2 HUURDERS

GERHARDUS STEPHANNUS VAN DER MERWE  
ID: 8412165005082

EN

THEUNITA HELENA CHRISTINA VAN DER MERWE  
ID: 8503180129087

(hierna die "Huurder" genoem)

##### 1.3 HUUREIENDOM

14 Meeu-n-daal, Seemeeupark, Mossel baai , en soos uitgewys deur die Verhuurder aan die Huurder;

(hierna die "huureiendom" genoem)

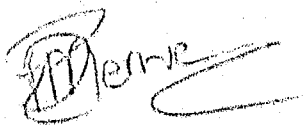
##### 1.4 HUURGELD & DEPOSITO:

(A) Huurgeld

Die huurgeld beloop die bedrag van R8 000,00 (AGT DUISEND RAND) per maand, onderworpe aan 'n jaarlikse eskalasie soos deur elenaar bepaal tot maksimum van 10%.

(B) Deposito

Die deposito beloop R8 000 (een kalender maand).





**REPUBLIC OF SOUTH AFRICA**  
**NATIONAL IDENTITY CARD**

Surname:  
**VAN DER MERWE**

Names:  
**THEUNITA HELENA**  
**CHRISTINA**

Nationality:  
**RSA**

Identity Number:  
**8503180129087**

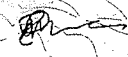
Date of Birth:  
**18 MAR 1985**

Country of Birth:  
**RSA**

Status:  
**CITIZEN**



Sex:  
**F**

Signature:  


Conditions:

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

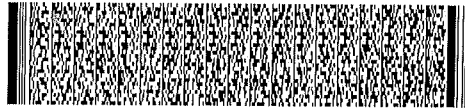
If found please return to the Department of Home Affairs  
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:

13 AUG 2023

42842

115949553





## RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA00062T

DATE: 12/11/2024

between

Mosselbay

SPCA

and

Name

Theunita van DER MERWE

Address

Telephone Numbers (H)

(B) 082 300 9096

to have vaccinated against rabies **within one (1) month of the adoption/due date** (delete whichever is not applicable):

Animal's Name

Sex Female Age 2 months

Description

On (due date)

Adoption Form No. MA00062T

on the understanding that you will arrange to have this done at the  
Veterinary Hospital.

Mosselbay

1. Should the animal be taken to another Veterinary Hospital or Clinic for the vaccination without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred and the owner is obligated to provide the Society with proof of the vaccination within one (1) month of the date of adoption.
2. If the animal is not vaccinated on the due date mentioned above, the Society **reserves the right to repossess** 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 repossess and/or inspect the animal.
3. This animal cannot be passed on to a new owner. Refer to Adoption Contract.
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 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 RABIES VACCINATION:

Vet:

Signed:

Date:

## MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP 992003000356216

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. \* 082 3009096  
E-mail \* nvdmerwe97@gmail.com  
Title \* MRS Initials \* T  
Street 14 MEEU-DAL  
Suburb WASSENAAR STREET  
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 \* VAN DER MERWE  
City  
Area Code SEEMEELPARK  
Province  
Phone - Night time

### OTHER CONTACTS

Title \* Initials \*  
Cell No. \*  
Title \* Initials \*  
Cell No. \*  
Title \* Initials \*  
Cell No. \*

Surname \*  
Surname \*  
Surname \*

### CHIP DETAILS

Registration Date \* 18 - 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 \* FELINE  
Colour TORTI  
Gender Male ☒ Female

Date of birth 2024  
Breed \* DSH  
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 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](http://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



PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

DATE: 12/11/2024

## Mosselbay

SPCA

Theunista v.d. Merwe

14 Meer- n- dal Wassenaar Str, Seemeerpark

082 300 9096

to have spayed / neutered / vasectomised ((delete with owner is not applicable));

Animal's Name \_\_\_\_\_ Sex Female Age 2 months

DSH Tort

Adoption Form No. MA 00062T

on the understanding that you will arrange to have this done at the Mosse bay 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: \_\_\_\_\_