## ADOPTION CHECKLIST

| ADMISSION NO: |
|---|
| |

| CONTRACT NO: |
|---|
| |

- [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
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000408514

**Adoptee INFO:**

**Name & Surname**

**Contact INFO:**

Completed by: Date:

Manager: Date:

| 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

MBY00074

DBV SPCA
Garden Route

| KENNEL No. K17 K29 | | | | ADMISSION No. MBY1697 | | |
|---|---|---|---|---|---|---|
| Stray | Surrender | Abandoned | Returned | Impounded | Confiscated | Request for euthanasia |
| Date in 22/01/24 | | | Time in 11:10 | | Date for release | |

| IDENTIFICATION & LOST AND FOUND | Lost & Found checked | Yes / No | Lost & Found Date checked | 22/01/24 |
|---|---|---|---|---|
| Microchip/Collar or ID tag found | Yes / No | Date scanned or checked | 22/01/24 | Microchip or ID Tag number | |

**DESCRIPTION & HISTORY**

| | | | |
|---|---|---|---|
| Dog | Cat | Other species (Specify) | |
| Breed | German Shepard | Colour and Markings | White/cream |
| Condition | Fair | Sex Male | Age 2 months |
| Temperament | Good | Sterilisation details No | Name |
| Coat Thin | Tail Long | Teeth Condition Good | Ears Up | Size Small |
| Area found / collected from | | | Date 22/01/24 |
| Reason for surrender | Can't afford dog - can't find a home | | |

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

| | | | | |
|---|---|---|---|---|
| Surrendered by / Found by | Y | Name | Fclesten De Jager | |
| Residential Address | 44 Nicolaas Singel EXT 23 | | | |
| Postal Address | N/A | | | |
| Tel (H) N/A | Tel (W) N/A | Cell 0742483698 | | |
| Email N/A | | | | |
| Donation R | Cash | Card | EFT | (Receipt No.) N/A |

PLEASE INSIST ON A RECEIPT N/A N/A

Confiscated: OB No: _____ Case No: _____ Inspector: _____

## STATEMENT OF SURRENDER

I do hereby certify that **I DO /I DO NOT** own the animal/s described above, that **IT IS / IT IS NOT** a stray and **I DO /I 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.**

Refer to MBY 1696

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 | Witness for Society |
|---|---|

| 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 to 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 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 / Collar and ID tag given | Yes | Microchip / ID tag details | |
| | No | | |

Date _____

## MEDICAL RECORD

| Date | Remarks | Treatment | Cost |
|---|---|---|---|
| 22/1/24 | Triworm D | For Animal Use Only VANGUARD® PLUS 5 Reg No. G2238 (Act 36/1947) Namibia only: V97/24/1/915 NSZ U.S. Veterinary License No. 190 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus 1 Dose Ser 635607 Exp 25 JUN 24 | |
| | MYT - 22/2/24 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

# APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

*The following documents to be attached: - ID, proof for residence, proof that pets are allowed.*

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Mercia Knoetze

HOME ADDRESS: 5 Krometart straat Heiderand

ID NO.: 7203200354085

POSTAL ADDRESS: Selfde as bo

TEL NO (H): (B):

CELL NO: 0824987852 FAX NO:

EMAIL: mercieknoetze@gmail.com

Address where animal will be kept: 5 Krometart str. Heiderand.

Occupation: Housewife

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 animal: Animal lover

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? German Shepard cross

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

How many animals live on the property? DOGS? 1 CATS? 2 OTHERS

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

Are all your animals sterilised? Give details Yes - Pretoria

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 2 OTHER?

Which animals do you still have, and what happened to the others? 1 Dog passed away from a

Is your property fenced and has a proper gate? Yes Will you chain/ an animal? Nobb Nee

Full description of the fencing and gate: Steel fence & electronic Gate Height: 2.1 m

What shelter is provided: OUTDOORS Basket KENNEL OTHER House

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

Pre Home Inspection Fee: R 100 - 00 Receipt No: 1638

**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

Contract 0074

ADMISSION NO MBY [redacted] 1697

# PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 14-2-2021 TIME: 12:00

NAME OF APPLICANT: Mercia Knoetze

ADDRESS: 5 Krematart Street, Hiderand.

HOME TEL No: _____ CELL No: 0824987852.

ANIMAL(S) ADOPTING: Dog

SEX: Male AGE: 2 months

**PRE- HOME INSPECTION:**

| PROPERTY DESCRIPTION | | | |
|---|---|---|---|
| Type and height of fence: 2m | | Suitability of fence (i.e. small pets can't escape): Good | |
| 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? | Concrete wall |
| 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? | 3 |

| DESCRIPTION OF ANIMALS ON PROPERTY | | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| BREED | Staf-X | Staf-X | Staf-X | | |
| CONDITION | Good | Good | Good | | |
| WELFARE (good?) | Good | Good | Good | | |
| SEX & AGE | M / 6yrs | M / 6yrs | M / 6yrs | / | / |
| STERILISED | YES ☑ / NO ☐ | YES ☑ / NO ☐ | YES ☑ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ |

| OTHER INFORMATION / COMMENTS |
|---|
| Private Home and family animals they have. |

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Herman Botha SPCA: Hermanus SIGNATURE: [signature]

**POST HOME INSPECTIONS**

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

**DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE**

**ADMISSION No. TOELATINGSNR.** MBY0074

# ADOPTION CONTRACT

Garden Route

| DOG / CAT | Breed | Male/Female | |
|---|---|---|---|

Microchip and or ID Tag Number: 992003000408514

This animal has been given to you i 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 | |
|---|---|---|---|

oskyfie en of ID nSkyfie Nommer:

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 omhein 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 van 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): Mercia Kroeze

HOME ADDRESS
WOONADRES: 5 Krometart Str, Heidevaal

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7203200354085

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

(B):
(W):

CELL No:
SELFOON Nr: 0824987852

FAX No:
FAKS Nr:

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

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. MBY 1643

VEHICLE REG No.
VOERTUIG REG Nr. CBS 613760

VEHICLE MAKE:
VOERTUIG MAAK: Toyota Fortuner

COLOUR:
KLEUR: Gold

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING:

DATE / DATUM: 16-02-24

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 720320 0354 08 5

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
KNOETZE

VOORNAME/FORENAMES
MERCIA

GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH
1972-03-20

DATUM UITGEREIK
DATE ISSUED
2005-09-15

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

JUSTPROPERTY
LET'S OPEN DOORS

Knoetze, William James

**5 Kremetart Street**
**Heiderand**
**Mossel Bay**
**6511**
**South Africa**

Just Property Platinum
Company Name: Cobus Van Den Bergh CC
Reg. No. 2005/167673/23
VAT number: 4440233650

60A Marsh Street
Mossel Bay
6500
Tel: 044 690 5002 Fax: 044 690 5003
E-mail: mosselbay@just.property
Web: www.just.property

# STATEMENT

**Payment reference:** CCN1284
**Property:** Kremetart Street 5
**Statement period:** 2023-12-01 to 2024-02-08

| Date | Ref no | Description | Method | Debit | Credit | Balance |
|---|---|---|---|---|---|---|
| 2023-12-01 | | **Opening balance** | | | | **-150.00** |
| 2023-12-01 | PP9327-2 | Invoice - Tenant monthly service fee | | 150.00 | | 0.00 |
| 2023-12-04 | PP9458 | Invoice - Municipal account - Oct | | 1,148.36 | | 1,148.36 |
| 2023-12-27 | PP9719 | Invoice - Municipal account - Nov | | 1,667.07 | | 2,815.43 |
| 2024-01-01 | PP9640-1 | Invoice - Monthly rent | | 15,800.00 | | 18,615.43 |
| 2024-01-01 | PP9640-2 | Invoice - Tenant monthly service fee | | 150.00 | | 18,765.43 |
| 2024-01-02 | 52901830 | Payment | Direct Deposit | | -17,098.36 | 1,667.07 |
| 2024-01-29 | PP9996 | Invoice - Municipal account - Dec | | 1,512.19 | | 3,179.26 |
| 2024-02-01 | PP9892-1 | Invoice - Monthly rent | | 15,800.00 | | 18,979.26 |
| 2024-02-01 | PP9892-2 | Invoice - Tenant monthly service fee | | 150.00 | | 19,129.26 |
| 2024-02-01 | 53368376 | Payment | Direct Deposit | | -15,950.00 | 3,179.26 |
| | | | | | **Balance due on 2024-02-08** | **3,179.26** |
| | | | | | Damage deposit balance on 2024-02-08 | 16,542.94 |
| | | | | | Interest from 2023-12-01 to 2024-02-08 (After a monthly administrative & advisory fee) | 242.10 |

WAYS TO PAY

**DIRECT DEPOSIT**

Account number: **4088767032**
Bank name: **ABSA**
Branch code: **632005**
SWIFT code: **ABSAZAJJ**
Account name: **Just Property Platinum**

Payment reference: **CCN1284**

**AT ANY OF THESE STORES**

You can now pay your account at any Shoprite, Checkers, Pick n Pay, PEP, Usave, Ackermans, Boxer or selected Spar Branches. Please note, the terms and conditions of your lease agreement may result in associated transaction costs being recharged to you. Please allow 3-4 working days for your payment to reach us.

Please quote this Bill Payment Reference: **11364 0135 6001 2844 6**

Powered by PayProp

PayProp, in its capacity as a licensed property practitioner, is contractually authorised to manage rental payments.

Checkers Pick n Pay PEP Usave ACKERMANS Boxer makro

# STERILISATION CONTRACT

**PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT**

CONTRACT No. _____ DATE: _____

between _____ SPCA

and

Name _____

Address _____

Telephone Numbers (H) _____ (B) _____

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

Animal's Name _____ Sex _____ Age _____

Description _____

On (due date) _____ Adoption Form No. _____

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

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society **reserves the right to confiscate** the animal and **NO MONEY WILL BE REFUNDED**. The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: _____ For SPCA: _____

**CONFIRMATION OF STERILISATION:**

Vet: _____ Signed: _____

Date: _____

## MY OWNER

NAME: Mercia Kraetze

POSTAL ADDRESS:

STREET ADDRESS: 5 Kremetart Str.
Heidelberg

HOME PHONE:

WORK PHONE:

CELL PHONE: 0824987852.

BREEDER DETAILS:

## ME

SPECIES: DOG

BREED: German Shepard X Husky

COLOUR: Cream

SEX: Male

DATE OF BIRTH: 2023

MICROCHIP/TATTOO: 992003000408514

FEATURES/MARKS:

## NEXT VACCINATION DUE

| DATE | DATE | DATE |
|---|---|---|
| 22/02/2024 | | |

## I WAS VACCINATED ON

| DATE | VACCINE AND BATCH NO. | VET SIGNATURE |
|---|---|---|
| 22/01/24 | For Animal Use Only VANGUARD® PLUS 5 Reg. No. G2238 (Act 36/1947) Namibia only: V57/24.1/925 NS2 U.S. Veterinary License No. 130 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus 1 Dose Ser. 635607 Exp. 25 JUN 24 Triworm MSD Animal Health | AHT NDYEOP NGQELE |
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| | 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 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.

MSD Animal Health

Quantel

Find us on: facebook.

# 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 or animal 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 conditions 2 and 3 were met before the intended movement.

DATE

VETERINARIAN

SIGNATURE PRACTICE STAMP

# CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

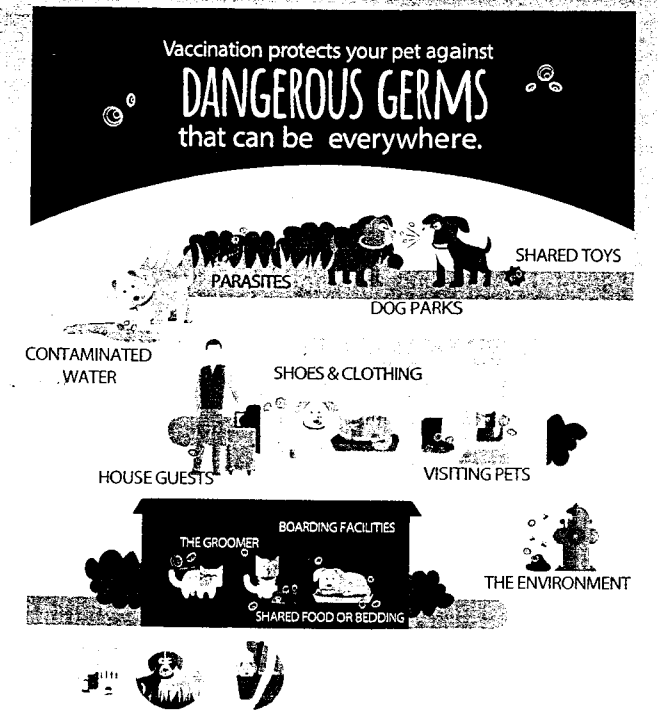
DOCTOR'S NAME

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
www.msd-animal-health.co.za ZA-NOV-211200001


# VACCINE RECORD CARD




PET'S NAME

VACCINE


GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

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


**Consulting Hours**
Monday & Wednesday: CLOSED
Tuesday & Thursday: 9:00 to 11:00 and 15:00 to 16:00
Friday – 12:00 to 16:00
Saturday, Sunday & Public Holidays: Closed

# BackHome®

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

## MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER — Retailer Copy

992003000408514

**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

Only mobile numbers in South Africa and Namibia will be receiving SMS notifications.

Cell No. * 0824[illegible]3602

E-mail * [illegible]

Title * MRS | Initials * M | Surname * KNOETZE

Street [illegible] | City

Suburb | Area Code [illegible]

Country | Province [illegible]

Phone - Day time | Phone - Night time

### OTHER CONTACTS

Title * | Initials * | Surname *

E-mail *

Title * | Initials * | Surname *

E-mail *

Title * | Initials * | Surname *

E-mail *

### CHIP DETAILS

Registration Date * - -

Date of Implant * [illegible] - - - 2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Person who implanted the Chip [illegible]

### PET DETAILS

Pet Name Ben

Species * Dog

Colour Brown

Gender (Male) Female

Year of Birth 2023

Breed * [illegible]

Markings

Sterilised Yes (No)

### KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registartion 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 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 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 need to 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 may be 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 its personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by _____ and 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.

[illegible] completed form to BackHome on 0800 222 546 (TOLL FREE) or 0864 570 463.