

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract Done 06/02/2024
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 992003000408513

ADMISSION NO:

MBY 1530

CONTRACT NO:

MBY0064

Adoptee INFO:

Name & Surname Maniska Laos

Contact INFO: 084 919 0409

Completed by: Kay Jovan

Date: 07/02/2024

Manager: 

Date: 07/02/2024

FUTURE POST HOME INSPECTION (every 6 Months)	
Date of inspection	Date of inspection
Please note Adoption Cancelled	Mrs Laos came to fetch
dog and he reacted badly to her picking him up. She	
cancelled the adoption.	07/02/2024 Kay Jovan Kay Jovan

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.

Champ
K 36
MBY 1536



Section 4-12a

ADOPTION No

MBY 0064

ADMISSION

MBY 1530

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN:

30/4/24

TIME:

18:14

NAME OF APPLICANT:

MARISKA LEAS

ADDRESS:

15 B P. Saraka Str.
Danabara

HOME TEL No:

CELL No:

0849190409 / 0847517090

ANIMAL(S) ADOPTING:

Dog. Champ K 36.

SEX:

♂

AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION

Type of fence:	Fibre gate	Height of fence:	3m
Any sign of Kennel/Shelter?	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	Siriffant				
SEX	male				
AGE	adult				
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Lovey people safe property
Bird in good condition

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ SMALL DOGS

☒ MEDIUM DOGS

☐ LARGE DOGS

☒ CATS

☐ EQUINE

☐ OTHER (specify)

INSPECTED BY:

KUT

SPCA:

messelbury

SIGNATURE:

[Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. K-2SK36		ADMISSION No. MBY1530	
Stray	Surrender	Abandoned	Returned
Impounded		Confiscated	
Request for euthanasia			
Date in: 7/1/24	Time in: 15:00	Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	☒ Yes	Lost & Found Date checked	7/1/24
Microchip/Collar or ID tag found	☒ Yes	Date scanned or checked	7/1/24
Microchip or ID Tag number	none		

DESCRIPTION & HISTORY

Dog	Other species (Specify)		
Breed	Doberman	Colour and Markings	Black
Condition	good	Sex	Male
Temperament	Scared	Sterilisation details	Age
Coat	Thin	Teeth Condition	good
Area found / collected from	Mossel Bay	Ears	down
Reason for surrender	Strom	Size	Small
		Date	7/1/24

ASSESSMENT

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

COMMENTS:

Stray

Surrendered by	Name	John - Mr - D. M. M.
Found by	Residential Address	α. 3 A 2nd St Moss Bay
Postal Address	none	
Tel (H)	Tel (W)	Cell
none	none	0834036609
Email	none	
Donation R	Cash	Card
none	none	none
EFT	(Receipt No.)	
none	none	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: **KULT**

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.

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 uitdrukk 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 first Applicant	Details of second 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.

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 ongesteëliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature

Witness for Society signature

Reason for Euthanasia

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

CLAIMANT

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

Residential Address: _____

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

Postal Address: _____

E-mail Address: _____

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

ID/Passport No: _____

Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

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

Date _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
6/2/24	Vacc + R & S MICROCHIP	Nobivac® 1-Cv → Nobivac® 1-DAPPv →	Shabir
07/02/24	Please note: Adoption cancelled! Mrs Laas came to pick up the dog and he had a bad reaction when she picked him up. She cancelled the adoption. Kay Ievers		

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):

Moniska Loas

HOME ADDRESS:

15 B P. Scarba Street Dana Bay

9712010024081

ID NO.:

084 919 0409

POSTAL ADDRESS:

TEL NO (H):

(B):

CELL NO:

084 919 0409

FAX NO:

EMAIL:

peanutloas@gmail.com

Address where animal will be kept:

15 B P. Scarba Street Dana Bay

Occupation:

Payroll Administrator

Do you own or rent your property:

rent

Do you have consent from owner / Body Corporate?

Y

Are you a student with consent to keep pets:

Y

Reason for wanting animal:

Companionship

Is the animal for yourself?

Y

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary

Y

What breed of dog or cat are you interested in?

Dachshund

Can you afford private fees?

Yes

Who is your vet?

Dana Bay Vet

How many animals live on the property?

DOGS?

0

CATS?

OTHERS

1

What are the sexes of your animals? DOGS: Male

Female

X

DOGS: Male

Female

Are all your animals sterilised? Give details

Yes

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

CATS?

OTHER?

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

No dogs only a dog

Is your property fenced and has a proper gate?

Yes

Will you chain/ an animal?

No

Full description of the fencing and gate:

Gate and fence surrounding

Height:

What shelter is provided: OUTDOORS

KENNEL

OTHER

Inside

Have you previously had pets from an SPCA?

No

Are there children under 10 in your household?

N

Pre Home Inspection Fee:

Receipt No:

Declaration: The above information is true and correct

I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT

Loas

Date of application

27/01/20

ADMISSION No.
TOELATINGSNR.

MBY0064

ADOPTION CONTRACT



UITPLASINGSKONTRAK

in Route

CAT Breed

Male/Female

chip and or ID Tag Nu.



992003000408513

animal has been given to me and I am confident that it will be 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 states 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 rehomed 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 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.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAME - Prof/Dr/Mr/Mr/Mr/Mej (Insluitende voorletters):

Mariska Laas

HOME ADDRESS
WOONADRES: 15 B P. Scarta Street
Dana bay

ID/PASSPORT No.: 9712010029081
ID/PASPOORT Nr.:

TELEPHONE No. (H):

(B):
(W):

TELEPHONE No. 084 919 0409

FAX No:
FAKS Nr.:

EMAIL ADDRESS: peanutlaas@gmail.com

ADOPTION FEE: R750

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.

VEHICLE REG No: 68943 CBS

VEHICLE MAKE: Mazda

COLOUR: Silver
KLEUR:

SIGNATURE: [Signature]
DATE: 7/02/2024

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING.

[Signature]

processes.

if checklist.

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

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familieleden 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 onkoste 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 onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en klient skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoon 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 vasgeketterd 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 kattle 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 industriële of kommersiële perseel nie.
19. 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 verwaarloos 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.

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
LAAS
Names:
MARISKA
Sex:
F
Nationality:
RSA
Identity Number:
9712010029081
Date of Birth:
01 DEC 1997
Country of Birth:
RSA
Status:
CITIZEN


Signature:



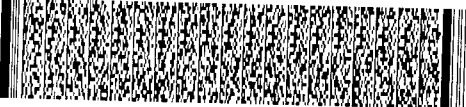

Conditions:
This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997

Date of Issue:
19 MAR 2019

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

21371

 110169372

27 January 2024

To whom it may concern

I herewith confirm that Miss Mariska Laas Identity number: 9712010029081.
currently rents property at 15 Scarta Street, Danabay. The property is pet-friendly, and Miss
Laas is most welcome to keep a dog as a pet.

Thank you and best regards,

A handwritten signature in black ink, appearing to read 'M Reynecke', with a stylized, cursive script.

Marinda Reynecke
15b P Scarta Street
Danabay

Contact number – 084 919 0409

MY OWNER

NAME Mariska Leas

POSTAL ADDRESS

STREET ADDRESS 15 B.P. Carter St

HOMEPHONE Dana Bay

WORK PHONE

TELEPHONE 084 919 0409

BREEDER DETAILS

ME

SPECIES Canine

BREED Doberman

DOB Black

SEX Male

DATE OF BIRTH

WEIGHT

TEATHERS/IMMUNIS

992003000408513

NEXT VACCINATION DUE

DATE Feb. 2025

DATE

DATE

I WAS VACCINATED ON

DATE 6/2/24

VACCINE AND BATCH NO. 924507

VET SIGNATURE

INJECT: 1-Cv

DATE 2801-2025

INJECT: 1-Cv

DATE 6/2/24

INJECT: 1-Cv

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

INJECT:

DATE

INJECT:

DATE

INJECT:



Nobivac... Quantel

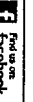
Exitel Plus

Exitel Plus XL

Exitel Plus XL

Exitel Plus XL

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 (isogonolone) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet, Exitel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 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.



I WAS DEWORMED ON

DATE PRODUCT DATE PRODUCT

RABIES MOVEMENT PERMIT

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

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

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

BY VETERINARIAN

GARDEN ROUTE SPCA
PO BOX 258
GEORGE 6530
TEL: 044 693 0824 / 072 281 1761

PRACTICE STAMP

16/5/1530

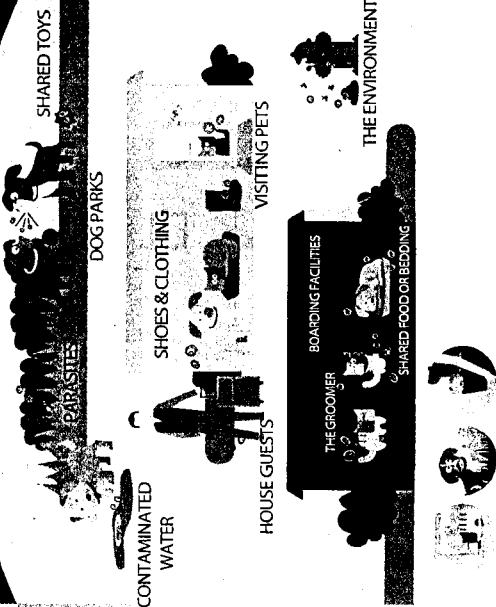


Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
T: +27 11 072 0590 Fax: +27 11 253 3150 Sales Fax: 086 602 1777

VACCINE RECORD CARD

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



PET'S NAME

OWNER

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



DEWORMING FOR MAPPER HEAVY DOGS

NOTE TO MY OWNER

Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age, or every 4 months when 12 months and over, ensure my dog is protected from life-threatening diseases.

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIP NUMBER



992003000408513

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

VET OR WELFARE ORGANISATION

Vet Practice Number * FR 13 / 14019.

Vet Practice Name * Monel bay SPCA monelbay vetroom.

Vet Practice Phone - Daytime * 044 6930824.

PET OWNER INFORMATION

Cell No. * 0849190409

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

E-mail * Peanutlaa@gmail.com If possible, please provide a personal email, not a company email.

Title * MS Initials * M

Surname * LAAS

Street * 15B P. SCARTA

City

Suburb

Area Code * DANA BAY

Country

Province

Phone - Day time

Phone - Night time

OTHER CONTACTS

Title * MS Initials * M

Surname * LAAS

Cell No. * 0849190409

Title * MR Initials * L

Surname * Bezuidenhout

Cell No. * 0847517090

Title * Initials *

Surname *

Cell No. *

CHIP DETAILS

Registration Date * - -

Date of Implant * 06 - 02 - 2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip Ndyaabo Ngqolice

PET DETAILS

Pet Name * CHAMP

Date of birth * 20 20

Species * DOG

Breed * DAC HUND

Colour * BLACK + BROWN

Markings

Gender * ☒ Male ☐ Female

Sterilised * ☒ Yes ☐ No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the 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 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 Virbac R&A (Pty) Ltd for the above-mentioned purposes. SIGNATURE *

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

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

SPCA MB CLINIC

D:07-02-24 T:09:53:46
V:0320 R:20230314
M:100000001273134 T:67134921

MERCHANT COPY

(**APPROVED**)

N:0925 B:0426 RRN:WNO1000851
431413*****1357 TSN: 0851
Host:CLess A:735648
Gold Credit
UTI: 100000001273134-0426-000
0-0851-baf21

Purchase R750.00

TOTAL R750.00

AID: A0000000031010
CTQ: 0000
TVR: 0000000000
AC: 2C4648455F17BD4F
IAD: 06010A03A00000

SPCA MB CLINIC

D:07-02-24 T:09:22
V:0320 R:20230314
M:100000001273134 T:67134

MERCHANT COPY

(**APPROVED**)

N:0924 B:0426 RRN:WNO10008
522262*****3866 TSN: 08
Host:CLess A:749492
Standard MasterCard
UTI: 100000001273134-0426-000
0-0850-15c10

Purchase R300.0

TOTAL R300.0

AID: A0000000041010
AIP: 1980
TVR: 0000000000
AC: 2C4648455F17BD4F
IAD: 06010A03A00000



London Route

MBY 1614

Society for the Prevention of Cruelty to
Animals / Dierbeskermings Vereniging
NPO 003-629 PBO 130004687

RECEIVED From

ONTANG van

The sum of

Die room van

Manica bag

For/Vir

Centis/Sent

750

Only this receipt recognised! Met hierdie bewys word erken.

Date

07/02/24

P.O. BOX / Posbus 258

George

TEL: 044 693 0824

RECEIPT / KWITANSIE

R	C
750	

Pay *750*

Donation

Centis/Sent

750

Date

07/02/24

P.O. BOX / Posbus 258

George

TEL: 044 693 0824

RECEIPT / KWITANSIE

R	C
300	

Pay *300*



Garden Route

DOG / CAT Breed

ADOPTION CONTRACT

Male / Female

Microchip and or ID Tag Number



992003000408513

This animal has been given to you in the firm 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 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.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters):

HOME ADDRESS
WOONADRES: 15 B.P. Scaaria Street
Dana Bay

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

CELL No:
SELFOON Nr: 084 919 0409

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

ADOPTION FEE:
AANEMINGSVOOL: R 750

VEHICLE REG No.
VOERTUIG REG Nr:

SIGNATURE
HANDTEKENING:

DATE / DATUM:



Garden Route

HOND / KAT Ras

Manlik/Vroulik

kroskyfie en of ID nSkyfie Nummer

Jie 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.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieleden stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleentik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek besit van die dier 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 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 onkoste wat die DBV mag aangaan, insluitende die regskoste 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 gewoonde 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 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 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).
- Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - **slegs rekbandjies** mag vir katte 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 geregisteerde 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 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.

Mariska Laas

ID/PASSPORT No.: 9712010024081
ID/PASPOORT Nr:

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No:

cash / eft / card
kontant / eft / kaart

VEHICLE MAKE:
VOERTUIG MAAK:

COLOUR:
KLEUR:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING: