ADOPTION CHECKLIST

ADMISSION NO: MBY 1877

CONTRACT NO: MBY 0068

- [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
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract July 2024.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000408518

Adoptee INFO:

Name & Surname ZUOXING CHEN

Contact INFO: 073 666 6676

Completed by: Kay Ievers Date: 08/02/2024.

Manager: Date: 08/02/24.

FUTURE POST HOME INSPECTION (every 6 Months)	
Date of inspection	**Date of inspection**

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

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

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): ZUOXING CHEN

HOME ADDRESS: 18 Patrysbos Street, Blue Mountain Gardens, George, 6529 ID NO.: 831015 6220 183

POSTAL ADDRESS: As above

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

CELL NO: 073 666 6676 FAX NO: _____

EMAIL: chengzuoxing8@gmail.com

Address where animal will be kept: As above.

Occupation: RS shop shoprite mall

Do you own or rent your property: Rent Do you have consent from owner / Body Corporate? ✓

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? Maltese

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

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS _____

What are the sexes of your animals? DOGS: Male 0 Female 0 DOGS: Male _____ Female _____

Are all your animals sterilised? Give details No animals

How many dogs and cats have you owned in the last 3 years? DOGS? 0 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? 0

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

Full description of the fencing and gate: Wall - wooden gate Height: 1.8m

What shelter is provided: OUTDOORS Indoors KENNEL _____ OTHER _____

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

Pre Home Inspection Fee: R100 Receipt No: 1586

Declaration: The above information is true and correct
I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT _____ **Date of application** 31/01/24

ADMISSION No.
TOELATINGSNR. MBY0068

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and or ID Tag Nu			

This animal has been given to [illegible] 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.

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	
Mikroskyfie en of ID nSkyfie Nommer:			

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 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): ZUOXING CHEN

HOME ADDRESS
WOONADRES: 18 Patrysbos Str, Blue Mountain Gardens, George, 6529

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8301156220183

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

(B):
(W):

CELL No:
SELFOON Nr: 073666 6676

FAX No:
FAKS Nr:

E-MAIL:
E-POS. chengzuoxing8@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. MBY1617.

VEHICLE REG No.
VOERTUIG REG Nr. CAW913B3

VEHICLE MAKE:
VOERTUIG MAAK: Ford Ranger

COLOUR:
KLEUR: Gold/Braun

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING.

DATE / DATUM: 08/02/24.

ADMISSION, ASSESSMENT AND HISTORY RECORD

✓ booked

DBV SPCA
Garden Route

KENNEL No.	~~K22 16~~ K29	ADMISSION No.	MBY0068 MBY1877

Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	27/01/24	N/A	Time in	11:50	Date for release	

IDENTIFICATION & LOST AND FOUND

Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	Lost & Found checked	Yes / No	Lost & Found Date checked	Microchip or ID Tag number
	X	27/01/24		X	27/01/24	None

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	2 Lorry
Breed	Poodle	Colour and Markings	White / Brown
Condition	Good	Sex female	Age 3 months
Temperament	friendly	Sterilisation details None	Name Chickie
Coat Short	Tail short	Teeth Condition good	Ears up	Size Small
Area found / collected from	Heiderand		Date 27/01/24
Reason for surrender	making a mess		

ASSESSMENT

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

COMMENTS: Good dog

Surrendered by / Found by		Name	J. Tu toit		
Residential Address	Madelief 8 Heiderand				
Postal Address	none				
Tel (H) none	Tel (W) none	Cell 0829203440			
Email	none				
Donation R none	Cash	Card	EFT	(Receipt No.) none	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: KURT

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 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

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

CONDITIONS / VOORWAARDES

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

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 Elenaar / 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 menslikheldsredes 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

Address: 18 Patrysbos Street,

Blue Mountain Gardens, George, 6529

Tel: 073 666 6676

nail Address: chengzuoxing8@gmail.com

Hereinafter referred to as the LESSEE).

Prop Inspection for Mossel Bay

NSPCA Operations Manual 2020

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 7/06/21

NAME OF APPLICANT: Zuoxiong Chen

ADDRESS: 18 Pabrys bos Street, Blue Mountain Gardens

HOME TEL NO: CELL NO: 073 696 6616

ANIMAL(S) ADOPTING: Maltese Poodle

SEX: Female AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION

Type and height of fence: Brick wall		Suitability of fence (no small pets can escape):
Suitable shelter? (i.e. Kennel in protected area)	YES (✓) NO ☐	Any sign of Chain/Runners
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 live on the property?

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4
BREED	Rotweiller			
CONDITION	Good			
WELFARE (good?)	Good			
SEX & AGE	f / 4mths /		/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS: Too young. Approve for small type dogs/cats only

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- [x] CATS
- [ ] MEDIUM DOGS
- [x] SMALL DOGS
- [ ] LARGE DOGS

INSPECTED BY: Salomé Buys SPCA: George SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

NOTICE OF PERSONAL PARTICULARS

1 Any changes to the personal particulars in your ID Book must be communicated to all relevant parties

NOTICE OF CHANGE OF ADDRESS

1 Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e g name of street and/or street number etc

2 Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

I.D. No. 831015 6220 183

NON S.A.CITIZEN

SURNAME
CHIEN

FORENAMES
ZUOXING

COUNTRY OF BIRTH
CHINA

DATE OF BIRTH
1983-10-15

DATE ISSUED
2017-12-05

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS

1 Enterprise Road
Fairland, 2170

P O Box 1065
Johannesburg, 2000
Web: www.fnb.co.za
Tel: 087 730 11 44

26 January 2024

PLEASE QUOTE REFERENCE OR ACCOUNT NUMBER AT ALL TIMES

Attorney's Name	RAUBENHEIMERS INC	Reference Number	730/40141/1/2024
Date Granted	2024-01-26	Reference Name	FNB Dealmaking
Attorney's Telefax Number	044 874 4516	Reference Telephone Number	087 730 11 22
Reference E-mail Address	ChrisnahV@raubenheimers.co.za	Home Loan Account Number	3000020821799
FIRSTRAND BANK LIMITED		Sales Consultant Name and Telephone Number	
		Sales Source	Mortgage Originator

INSTRUCTION TO EXECUTE A BOND

NOTE:- The bond is to be registered in the name of Mr C Zuoxing		
1. Full Name	Mr C Zuoxing	
2. Identity Number	8310156220183	
3. Marital status	Single	
4. Postal Address	18 Patrysbos, Blue Mountain,George East,George,6529	
5. Street Address	18 Patrysbos, Blue Mountain,George East,George,6529	
6. Telephone Numbers	0736666676	(cell) (w) (h)
7. Application Type	Home Loan	
8. Type of Property	Freehold	
9. Description of Property	ERF 23550, GEORGE	
10. Physical address of the property to be bonded	5 Lebomboberg Street	
11. Bond Ranking	First Bond	
12. Principal Debt Amount	R 800,000.00	
13. Capital Amount	R 1,152,000.00	
14. Overdraft Amount	R 0.00	
15. Guarantees limited to	R 800,000.00	
16. Future Use Amount	R 160,000.00	
17. Interest Rate Interest Rate Type Loan Term Repayment Amount	10.950 % Variable Rate 360 Months R 7,645.65	

18. Monthly Service Fee	R 69.00

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0068 DATE: 08/02/2024

between Masselbay SPCA

and

Name ZUOXING CHEN

Address 18 Patrysbos street, Blue Mountain Gardens, George 6529

Telephone Numbers (H) (B) 073 666 6676

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

Animal's Name Chickie Sex Female Age 3 months

Description Shih Tzu

On (due date) April ~~July~~ 2024 Adoption Form No. MBY 0068

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

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

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

Signature of new Owner: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

Name of pet / Naam van troeteldier: _____

1st Owner / Breeder
1ste Eienaar / Teler: _____

Address / Adres: _____

_____

2 nd/de / Owner / Eienaar: _____
Address / Adres: _____

_____

Dog / Hond ☒ Cat / Kat ☐
Breed / Ras: Shih Tzu Sex / Geslag: ~~M~~ F
Description / Beskrywing: Gold + white female
Birth Date / Geboortedatum: 17 October.
Reg. No./Nr.: _____
Microchip No.: 992003000408518
Date Microchip implanted / Datum mikroskyfie geïmplan: _____

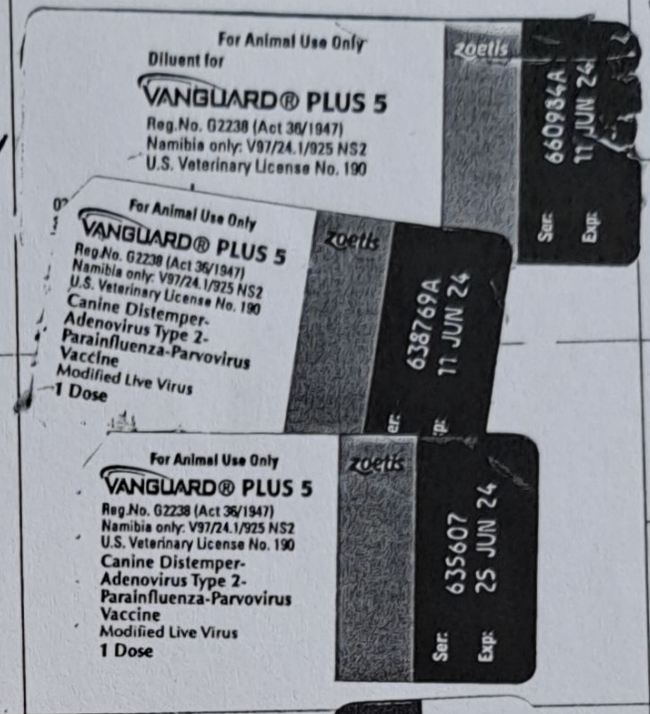
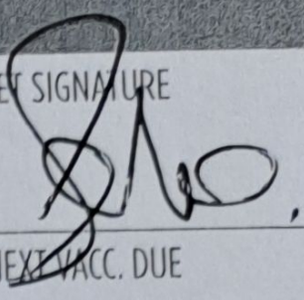
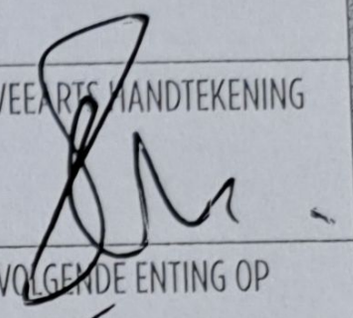
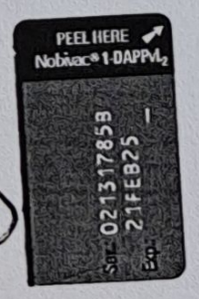
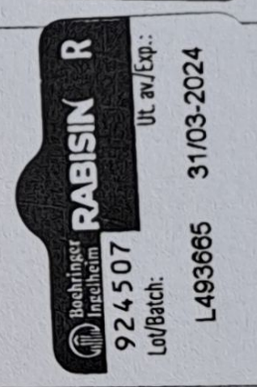
WHY SHOULD I VACCINATE MY PET?
PUT SIMPLY – VACCINATIONS SAVE LIVES![1]

Vaccination plays a critical role in the maintenance of a healthy pet. Vaccinations have saved millions of pets' lives but, it is important to note that vaccines are preventative rather than curative. You should have your healthy pet vaccinated regularly so as to maintain a healthy status. Vaccinating a sick animal is not going to help and, in fact, is not advised. Vaccinating your pet can save you a lot of heartache. Vaccinations help prevent disease, thus saving lives, and preventing unnecessary medical expenses on diseased animals, which could have been avoided.

How do vaccines work?
Vaccines help to strengthen the immune system of your pet so that, when they are exposed to certain diseases, their body is able to fend off the infection totally, or reduce the severity of the disease.

Is it possible to vaccinate against all diseases?
It is not possible to vaccinate against all diseases. Pets are vaccinated against common and/or serious diseases.

VACCINATION / INENTING

DATE / DATUM	VACCINE & BATCH NO. / ENTSTOF & LOT NR.	VET SIGNATURE / NEXT VACC. DUE / VEEARTS HANDTEKENING / VOLGENDE ENTING OP
30/11/		VET SIGNATURE  NEXT VACC. DUE  VEEARTS HANDTEKENING VOLGENDE ENTING OP Feb'25
21/12		
8/2/24 2.2kg	 	VET SIGNATURE N-N NEXT VACC. DUE Feb'25 VEEARTS HANDTEKENING VOLGENDE ENTING OP
		VET SIGNATURE NEXT VACC. DUE VEEARTS HANDTEKENING VOLGENDE ENTING OP

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003004408518

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

VET OR WELFARE ORGANISATION

Vet Practice Number * FR 14/ 13019·
Vet Practice Name * mossdrift SPCA VETROOM
Vet Practice Phone - Daytime * 044 6930824

PET OWNER INFORMATION

Cell No. * 0736666676
E-mail * chengzuoxing8@gmail.com
Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.
If possible, please provide a personal email, not a company email.
Title * MR
Initials *
Surname * CHEN
Street 18 Partysbos street
City
Suburb BLUE MOUNTAIN GARDENS
Area Code GEORGE
Country
Province
Phone - Day time
Phone - Night time

OTHER CONTACTS

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

CHIP DETAILS

Registration Date * - -
Date of Implant * 08 - 02 - 2024
Was the Microchip implanted by this veterinary practice? Yes No
Name of Vet who implanted the Chip Nkabo Ngqole

PET DETAILS

Pet Name CHICKIE
Species * DOG
Colour WHITE & BROWN
Gender Male X Female
Date of birth 2023 M M D D
Breed * SHIH TZUE
Markings
Sterilised Yes X 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 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 X _____

REGISTRATION PROCESS – Please use one of the following options to register on the backhome database

1. On-line — 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 E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
4. By App — Download the Virbac Backhome Africa App