ADOPTION CHECKLIST

ADMISSION NO: MBY 2123

CONTRACT NO: MBY0081

- [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 Done 07/08/2024.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000418784

Adoptee INFO:

Name & Surname Elizabeth Mason

Contact INFO: 0735009354

Completed by: Kay Lewis Date: 08/03/2024

Manager: [signature] Date: 08/03/2024

FUTURE POST HOME INSPECTION (every 6 Months)	
Date of Inspection	Date of Inspection

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

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

ADMISSION No.
TOELATINGSNR. MBY0081

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and or ID Tag	992003000418784		

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

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.

Garden Route

UITPLASINGSKONTRAK

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): Elizabeth Mason

HOME ADDRESS
WOONADRES: 11 Bishopslea Village, George

ID/PASSPORT No.:
ID/PASPOORT Nr.: 4602020058185.

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

(B):
(W):

CELL No:
SELFOON Nr: 0735009354

FAX No:
FAKS Nr:

E-MAIL:
E-POS. bettymason4346@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 1684

VEHICLE REG No.
VOERTUIG REG Nr. CAW 46169

VEHICLE MAKE:
VOERTUIG MAAK: Hyundi

COLOUR:
KLEUR: Silver

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING

DATE / DATUM: 08/03/2024

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): MRS. ELIZABETH MASON (BETTY)

HOME ADDRESS: 11 BISHOPSLEA VILLAGE

4602020058185 ID NO.:

POSTAL ADDRESS: SAME AS ABOVE

TEL NO (H): / (B): /

CELL NO: 0735009354 FAX NO: TONY > 0837845657

EMAIL: betty masan 4346@gmail.com

Address where animal will be kept: 11 BISHOPSLEA VILLAGE, GEORGE,

Occupation: RETIRED

Do you own or rent your property: YES 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? ~~N/A~~ SIAMESE

Can you afford private fees? YES Who is your vet? GEORGE VET

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

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

Are all your animals sterilised? Give details N/A

How many dogs and cats have you owned in the last 3 years? DOGS? 0 CATS? 6 OTHER? 0

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

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

Full description of the fencing and gate: GATES. Height: 1.8.

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?

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 EM Mason **Date of application** 27 Feb 2024

Backhome

MICROCHIPPED ANIMAL REGISTRATION FORM

MICRO

992003000418784

Please note that it is the Pet Ow
responsibility to ensure that the
are registered on the BackHome

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0 7 3 5 0 0 9 3 5 4

E-mail * bettymason4346@gmail.com

Only mobile numbers in **South Africa, Botswana** and **Namibia** will

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

Title * MRS

Initials * E

Surname * MASON

Street 11 BISHOPSLEA VILLAGE

Suburb GEORGE

City

Country

Area Code GEORGE

Phone - Day time

Province

Phone - Night time

OTHER CONTACTS

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

CHIP DETAILS

Registration Date * 13 - 03 - 2024

Date of Implant * 07 - 03 - 2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip Ndyebo Ngqole

PET DETAILS

Pet Name SOPHIA

Species * FELINE

Colour CREAM

Date of birth

Breed * SIAMESE

Gender Male Female

Markings

KENNEL UNION OF

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICRO 992003000418784

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

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0735009354

E-mail * bettymason4346@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 * MRS

Initials * E

Surname * MASON

Street 11 BISHOPSLEA VILLAGE

City

Suburb GEORGE

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 * 13 - 03 - 2024

Date of Implant * 07 - 03 - 2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip Ndyebo Ngqole

PET DETAILS

Pet Name SOPHIA

Species * FELINE

Colour CREAM

Gender Male Female

Date of birth Y Y Y Y M M D D

Breed * SIAMESE

Markings

Sterilised Yes No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said Veterinarian and / or 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.
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

BISHOPSLEA VILLAGE
Bishop Damant Street
George
6529

Tel: 044 873 4624

Tax Invoice

Date	01/03/2024
Page	1
Document No	IN105993

Mr & Mrs Mason
Cottage No 11
Bishopslea Village
mason2@gmail.com

Deliver to

Account	Your Reference	Tax Exempt	Tax Reference	Sales Code
11		N		Exclusive

Code	Description	Quantity	Unit	Unit Price	Disc%	Tax	Nett Price
1000000	Levy for March					0.00%	4,404.45
1101000	Ombudsman Levy					0.00%	40.00
1200000	Nursing Levy					0.00%	500.00
1300000	Electricity					0.00%	637.20

Paid 2/3/24

Banking Details:

Absa
Account Number : 4044 818 607
Branch : 630114

Please use cottage number as reference with payments

This account is payble by the 7th of the month. Thank you.

Sub Total		5,581.65
Discount @	0.00%	0.00
Amount Excl Tax		5,581.65
Tax		0.00
Total		5,581.65

Section 4-12a

OC DBV SPCA ADOPTION No [ ] ADMISSIO [ ]

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO DATE UNDERTAKEN: 25/03/24 TIME: 11:18

NAME OF APPLICANT: Liezl Liebenberg

ADDRESS: 39 E Mira Danabay

HOME TEL No: CELL No: 0794995519.

ANIMAL(S) ADOPTING: Cat x2

SEX: 2x Females AGE: 4 months + 2months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Bricks / Hibiscus		Height of fence: 2 meter	
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	Daniel X	Collie			
SEX	Male	Female			
AGE	4 year	9 years			
STERILIZED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Lovely people Big property
Happy animals

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ SMALL DOGS
- ☑ MEDIUM DOGS
- ☑ LARGE DOGS
- ☑ CATS
- ☐ EQUINE
- ☐ OTHER (specify) _____

INSPECTED BY: KURT SPCA: Masselbay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

CELL: IF LOST
0735009354

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.

I.D.No. 460202 0058 18 5

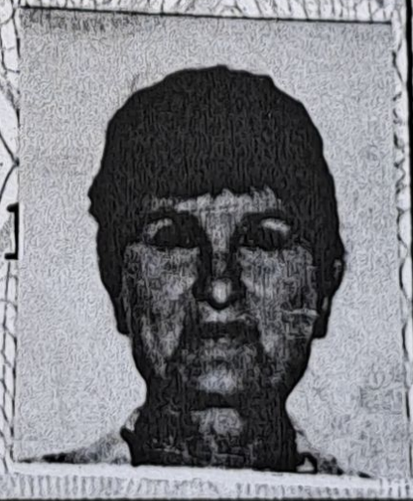
NIE S.A.BURGER/NON S.A.CITIZEN

VAN/SURNAME
MASON

VOORNAME/FORENAMES
ELIZABETH MARY

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
UNITED KINGDOM

GEBOORTEDATUM/
DATE OF BIRTH
1946-02-02



DATUM UITGEREIK
DATE ISSUED
2000-12-01

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No.	C85 C3			ADMISSION No.	MBY2123	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in			Time in	10:00	Date for release	15/02/24

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	Yes / No	Lost & Found Date checked	15/02/24
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked		Microchip or ID Tag number			

DESCRIPTION & HISTORY					
Dog	(Cat)	Other species (Specify)			
Breed	Siamese		Colour and Markings	Cream/Grey/Black	
Condition	Fair		Sex	♀	Age Adult
Temperament	Shy		Sterilisation details	NO	Name
Coat Thin	Tail Long	Teeth Condition Poor	Ears	UP	Size Small
Area found / collected from	Tokkies				Date 15/02/24
Reason for surrender	Stray with collar - no number caught in trap.				

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

Surrendered by / Found by	Name	Cean T.C.S.		
Residential Address	Tokkies			
	N/A			
Postal Address	N/A			
Tel (H) N/A	Tel (W)	Cell 0663858174		
Email	N/A			
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

STATEMENT OF SURRENDER

I do hereby certify that **I DO /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 Refer to MBY2122	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

☐ Died ☐ Other ☐ On Date:

MBY 0081 Contract

ADMISSION NO ~~16500~~ MBY 2123

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) NO . DATE UNDERTAKEN: 28/2/24 TIME: 13h07.

NAME OF APPLICANT: Betty Mason

ADDRESS: 11 Bishopleu Village

HOME TEL No: 0735009354 CELL No: 0837456577

ANIMAL(S) ADOPTING: Siamese

SEX: Female. AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Walls		Suitability of fence (i.e. small pets can't escape): Secure.	
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?	N/A
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☑	Specify: N/A	
Does applicant live at the address?	YES ☑ / NO ☐	How many animals are on the property?	None

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
House is in a very safe quiet complex and she will get a lot of love and attention

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ CATS
- ☐ SMALL DOGS
- ☐ MEDIUM DOGS
- ☐ LARGE DOGS

INSPECTED BY: Estelarie van Wyk SPCA: George SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS.

NOTE TO MY OWNER

Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

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

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

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 07/03/2024

DOCTOR'S NAME Dr. A.S. Muller.

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

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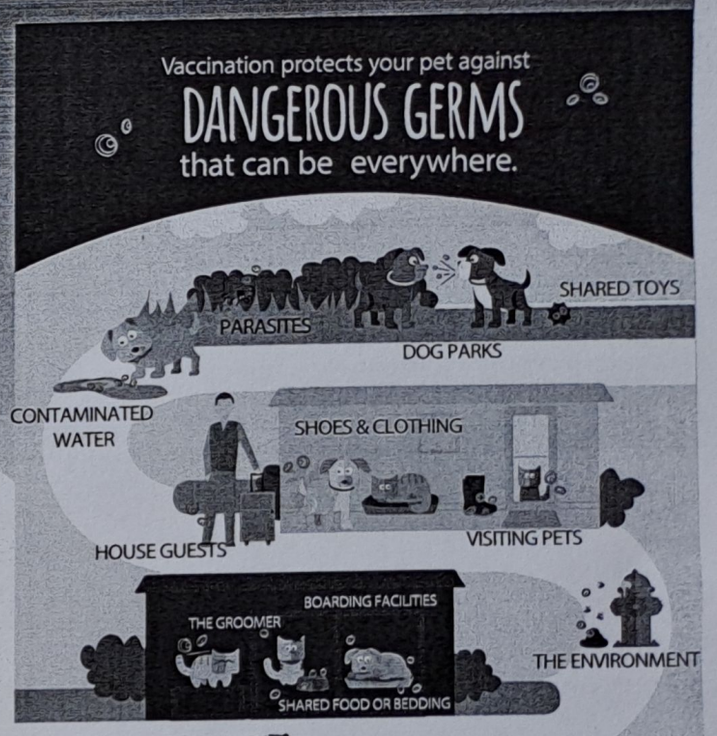
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CAR



PET'S NAME

MY VET

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

MY OWNER

NAME: Betty Mason

POSTAL ADDRESS:

11 Bishopslea Village, George

STREET ADDRESS:

HOME PHONE:

WORK PHONE:

CELLPHONE: 0735009354

BREEDER DETAILS:

ME

SPECIES: Feline

BREED: Siamese

COLOUR: Cream + black

SEX: Female

DATE OF BIRTH:

MICROCHIP: 992003000418784

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
March 2025.		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
07/03/2024	Boehringer Ingelheim RABISIN R 352806 R1 924507 Lot/Batch: E48017 Ut. av./Exp.: 28/01-2025 Batch: D2071437C Manf.: 04SEP22 Exp.: 04MAR24	DVM 0150
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DATE	VACCINE AND BATCH NO.	VET SIGNATURE
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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 is 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.

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Quantel Exitel Plus Exitel Plus XL BRAVECTO

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