ADOPTION CHECKLIST

ADMISSION NO: MBY 2401

CONTRACT NO: MBY0094

- [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
- [N] 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 992003000356092

Adoptee INFO:

Name & Surname MRS Elizabeth Schnaar

Contact INFO: 0795137173

Completed by: Kay Ievers Date: 22/03/2024

Manager: Date: 22/03/2024.

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, ASSESSMENT AND HISTORY RECORD

LOADED

DBV SPCA
Garden Route

KENNEL No. ~~C86~~ C1				ADMISSION No. MBY2401		
Stray	~~Surrender~~	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	07/03/24		Time in	10:30	Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	X Yes / No	Lost & Found Date checked	07/03/24
Microchip/Collar or ID tag found	No	Date scanned or checked	07/03/24	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	DSH		Colour and Markings	Ginger - Dwimpie
Condition	Good		Sex ♀	Age 8 weeks
Temperament	Good		Sterilisation details NO	Name
Coat Short	Tail Long	Teeth Condition Good	Ears UP	Size Small
Area found / collected from	Grootbrak			Date 07/03/24
Reason for surrender	Too many cats - born 8 Jan '24			

ASSESSMENT ✓

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

COMMENTS:

Surrendered by / Found by	X	Name	Sonja Stander		
Residential Address	5. Eureka Str, Eureka Park Grootbrak Rivier				
Postal Address	N/A				
Tel (H)	N/A	Tel (W)		Cell	0718930196
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 MBY2248	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: _____

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 Johanna Schnuir

HOME ADDRESS: 45 B Henning str. Islandview

ID NO.: 7605020007083

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 079 513 7173 FAX NO:

EMAIL: liezlschnuir@gmail.com

Address where animal will be kept: 45 B Henning str.

Occupation: Business Owner

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: Love cats + best friend

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? Ginger cat

Can you afford private fees? Yes Who is your vet? –

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 1 Budgie

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

Are all your animals sterilised? Give details –

How many dogs and cats have you owned in the last 3 years? DOGS? 0 CATS? 0 OTHER? 1 Budgie

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: 1 x brick wall Palisades on 2 sides Height: ± 1.6 m

What shelter is provided: OUTDOORS KENNEL OTHER indoor in our bedroom.

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

Pre Home Inspection Fee: R100.00 Receipt No: MBY.

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** 11 Mrt 2024

ADMISSION No MBY0094
TOELATING

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and or ID Tag Nu		992003000356092	

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

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

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 Johanna Schnuir

HOME ADDRESS
WOONADRES: 45B Henning str, Island View

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7605020007083

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

(B):
(W):

CELL No:
SELFOON Nr: 0795137173

FAX No:
FAKS Nr:

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

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 1718

VEHICLE REG No.
VOERTUIG REG Nr. CBS 46543

VEHICLE MAKE:
VOERTUIG MAAK: Spartie

COLOUR:
KLEUR: Wit

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING:

DATE / DATUM: 22/03/24

Section

ADOPTION No MBY0094

ADMISSION MBY2401

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN: 18.3.24 TIME: 11:03

NAME OF APPLICANT: Elizabeth Johanna Schreuir

ADDRESS: 45 B Henning Str, Island View

HOME TEL No: _____ CELL No: 0795137173

ANIMAL(S) ADOPTING: Cat

SEX: ♀ Female AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Wall Bricks		Height of fence: 2m	
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?	gate
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED					
SEX					
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Approved

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Hercane Kraft SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME: Elizabeth Johanna Schnuir

POSTAL ADDRESS:

STREET ADDRESS: 45B Herring Str
Islandview

HOME PHONE:

WORK PHONE:

CELLPHONE: 0795137173

BREEDER DETAILS:

ME

SPECIES: Feline

BREED: DSH

COLOUR: Ginger

SEX: ♀

DATE OF BIRTH:

MICROCHIP/: 992003000356092

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
11/4/24		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
11/3/24	352806 R1 Nobivac L-HPPi Batch: 02071437C Manf.: 04SEP22 Exp.: 04MAR24 — Health	N.N
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	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 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.

Find us on facebook.

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
11/3/24	Mi Pro		

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

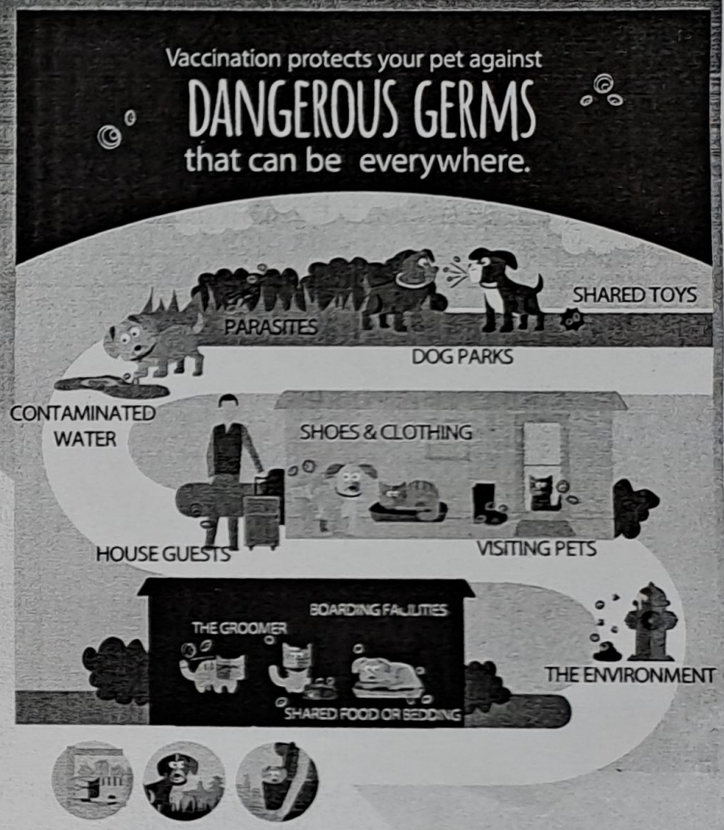
VETERINARIAN'S SIGNATURE

DATE

DOCTOR'S NAME

PRACTICE STAMP

VACCINE RECORD CARD



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

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000356092

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. * 0795137173

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

E-mail * liezlschnuir@gmail.com

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

Title * MRS

Initials * EJ

Surname * SCHNUIR

Street 45B HENNING STR

City

Suburb

Area Code ISLAND VIEW

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 * 20 - 03 - 2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip Ndyebo Ngqele

PET DETAILS

Pet Name MAZINA

Date of birth 2024 M M D D

Species * FELINE

Breed * DSH

Colour GINGER

Markings

Gender Male X Female

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 _____

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

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0094 DATE: 22/03/2024

between Mosselbaai SPCA SPCA

and

Name Elizabeth Johanna Schnuir

Address 45 B Herring Str, Islandview

Telephone Numbers (H) (B) 0795137173

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

Animal's Name Sex Female Age 2 months

Description

On (due date) Adoption Form No. MBY 0094

on the understanding that you will arrange to have this done at the Mosselbay 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:

SADC

SOUTH AFRICA

DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO

EJ SCHNUIR

ID No.: 02/7605020007083 FEMALE

Birth/Geboorte: 02/05/1976 ZA Restr./Beperk.: 0

Lic No./Lisensienr.: 60150001FD8L No.: 1

Valid/Geldig: 24/05/2023 - 23/05/2028

Issued/Uitgereik: ZA

Code/Kode: EB

Veh. restr./Voertuigbeperking: 0

First issue/Eerste uitreiking: 07/02/2003

SANTÉ EIENDOMME

Sanette Jensen (Prinsipaal)

Etiennestraat 16 A Islandview

Mosselbaai

PPRA reg: 2023220636

Sel: 083 236 8355

Epos: agent@santeproperties.co.za

HUUROOREENKOMS:

VERHUURDER:

Volle naam en van: Mev. Leona Barnard

Identiteitsnommer: 6404250029087

HUURDER:

Volle naam en van: Johannes Lenard en Elizabeth Johanna Schnuir

Identiteitsnommer: 7309205036088 en 7605020007083

Huidige adres: Blombosch 18 Mosselbaai