

ADOPTION CHECKLIST

ADMISSION NO:

T0368

CONTRACT NO:

MBY 0052



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 26/03/2024



Copy of Vaccination Record/ Certificate



Microchip



Microchip Registration- chip number



992003000408434

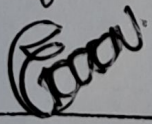
Adoptee INFO:

Name & Surname Liezl Liebenberg

Contact INFO: 0794995519

Completed by: Kay Jewels

Date: 28/03/24

Manager: 

Date: 28/03/24

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

DRIVING LICENCE
BESTUURSLIENSIE
CARTA DE CONDUCAO
SE LIEBENBERG



SOUTH AFRICA

ID No: 02/7407290049089

FEMALE

Birth/Geboorte: 29/07/1974 ZA Restr./Beperk: 1

Lic. No./Lisensien: 60150001F573 No: 1

Valid/Geldig: 10/11/2022 - 13/12/2027

Issued/Uitgereik: ZA

Code/Kode

EBL

Veh. restr./Voertuigbeperking

0

First Issue/Eerste uitreiking: 23/02/2001



Lease

(for Residential Accommodation)

Memorandum of Agreement

THIS MEMORANDUM OF AGREEMENT is made and entered into by and between the LESSOR, whose details are as follows: (State full names and identity number, or in the case of a juristic person, the name of the juristic person as well as the name of the person or agent on behalf of the juristic person and the registration number thereof)

David Boshoff, ID Nr: 620811 5131 081

Address of the LESSOR: (State physical and postal address as well as telephone and cell numbers)
39 E Mira Street

Dana Bay

Mossel Bay

Cell number: 084 400 7524

AND

the LESSEE whose details are as follows: (State full names and identity number, or in the case of a juristic person, the name of the juristic person as well as the name of the person or agent acting on behalf of the juristic person and the registration number thereof)

Susanna Elizabeth (Liezl) Liebenberg, ID Nr: 740729 0049 089

Address of the LESSEE: (State physical and postal address as well as telephone and cell numbers)
39 E Mira Street

Dana Bay

Mossel Bay

Cell number: 079 499 5519

1. The LESSOR lets to the LESSEE who hires the following property (hereafter referred to as "the property")
(state the physical address of the property)

39 E Mira street

Dana Bay

Mossel Bay



(Handwritten signatures)



2. The lease is for a fixed period of 24 months reckoned from the 2024 - 02 - 01 and terminating on 2026 - 01 - 31 on which date the LESSEE undertakes to vacate the property.
3. The LESSEE has the option to renew the lease for a further period of 2 years reckoned from the date of termination provided that notice to the LESSOR of the LESSEE'S intention to exercise this option is given in writing at least two calendar months before the date of termination.
- 4a. The rent for the fixed period is R 10 500,00* per month payable monthly in advance on the first day of each month, without any deduction whatsoever, and the parties expressly agree that no set-off shall be deducted from the rent amount, either in full or partial deduction, to be paid to the LESSOR at: (state physical address where payment will be accepted). If the payment is to be made directly into the LESSOR'S bank account state the banking details and the fax number or physical address where the proof of payment is to be submitted by the LESSEE, ABSA, Cheques, 910 514 0833, B. Boshoff
Submit POP to cell number: 084 400 7524
*As agreed, the amount is inclusive of the Municipal Charges which remains the responsibility of the LESSOR to pay every month
- 4b. Should the option be exercised in terms of the provisions hereof, the rent for such further period, payable similarly, shall be R 11 000
- 4c. A deposit of an amount of R 10 500,00 is payable by the LESSEE to the LESSOR at signature or the commencement of this agreement. (Which deposit will not exceed an amount of one months rental).
5. If during the currency of this lease the Levy imposed by the Body Corporate or the Rates and / or Taxes and /or services charges by the local authority in respect of the property should be increased above the amount payable in respect thereof as at date of signature hereof, then the LESSEE shall pay to the LESSOR such additional Levies or Rates and /or Taxes pro rata which shall be paid together with the rent. On condition that proof of such an increase are shared with the LESSEE and the total sum of the increase are generously divided by all three homes on the property.
6. THE LESSEE SHALL:
 - (a) Pay all charges for electricity to the property.
 - (b) Pay all amounts due in terms of this lease free of exchange.
 - (c) Not cede or assign the lease.
 - (d) Not sub-let the whole or any part of the property to anyone other than his immediate family in occupation thereof without the prior written consent of the LESSOR, which consent shall not be unreasonably withheld.
 - (e) Use the lease property only for residential purposes unless the LESSOR'S written consent to use the property for other purposes is obtained. The maximum number of persons entitled to occupy the property is 4.
 - (f) Keep the property clean, habitable and tidy and care for and maintain the garden and swimming pool.
 - (g) Not make any structural or other alterations, additions to or improvements in the property without the prior written consent of the LESSOR.
 - (h) Permit the LESSOR or his duly authorised Agent to inspect the property at all reasonable times.
 - (i) Not do or allow to be done either by commission or omission anything which would increase the premiums of or vitiate the Policies of Insurance on the property.

(j) Be responsible for the maintenance, repair, upkeep and/or decoration, as the case may be, of the interior of the property including all ceilings, all wall and floor coverings, all doors and windows, all cooking, heating, cooling, lighting, plumbing and airconditioning installations (and any part of any such doors, windows and installations) all other fixtures, fittings, furnishing and any machinery and equipment in or on the property, unless these items were recorded as being broken, damaged, or missing at signage of the contract and where such condition has not been due to fair wear and tear and natural causes.

(k) Not cause any noise or nuisance which would in any way disturb the quiet and peaceful occupation of his neighbours.

7: THE LESSOR SHALL:

(a) Be responsible for the maintenance, and upkeep of the exterior of the property including the roof.
(b) Not be responsible for any damage caused to the LESSEE by leakage, rain, hail, snow, fire or interruption of water or electricity supplies or any cause whatever.

(c) Be responsible for payment of Rates and/or Taxes and/or service charges presently assessed on the property, as at the date of signature hereof.

(d) Be entitled at any time during the currency of the lease to require the LESSEE to reinstate the property at the LESSEE'S expense to the same condition as it was at date hereof, fair Wear and Tear excepted, refer to 6.j.

(e) Forthwith repair any structural defects which appear in the property.

8. In the event of the total or partial destruction of the property or any portion by any cause the LESSOR shall be entitled to terminate the lease failing which it shall continue, but the LESSEE shall during the period during which the property or part thereof is unfit for occupation be entitled to a proportionate abatement of rent. The LESSEE shall have no claim for compensation against the LESSOR, but should the destruction be due to the default or negligence of the LESSEE, his family, servants or persons occupying the property under him, the LESSOR shall under these circumstances be entitled to claim payment of such damages as the LESSOR may have suffered.

9. Should the LESSEE fail to pay the rent or any portion thereof on its due date, or breach any other condition of this Lease, and remain in default for seven days after receipt of notice to the LESSEE requiring payment of the rent or the remedy of the breach, as the case may be, or if the LESSEE shall become insolvent, the LESSOR shall have the right forthwith to cancel this lease and to re-enter upon and take possession of the leased property, without prejudice to any claim which the LESSOR may have against the LESSEE for the rent already due or damages for breach of contract or otherwise. If the LESSOR cancels this Lease and the LESSEE disputes the right to cancel and remains in occupation of the property the LESSEE shall pending settlement or resolution of any dispute either by negotiation or litigation continue to pay an amount equivalent to the monthly rental provided in this lease monthly in advance on the first day of each month and the LESSOR shall be entitled to accept and recover such payment the acceptance of which shall be without prejudice to and shall not in any way affect the LESSOR'S claim to cancellation then in dispute. If the dispute is resolved in favour of the LESSOR the payments made and received in terms of this clause shall be deemed to be amounts paid by the LESSEE on account of damages suffered by the LESSOR by reason of the cancellation of this lease and/or the unlawful holding over by the LESSEE.

10. Any relaxation, indulgence or waiver which the LESSOR or his Agents may grant to the LESSEE or any condonation by the LESSOR of any breach of the terms of this lease shall not become binding on the LESSOR who shall at all times be entitled to claim due and prompt performance by the LESSEE of all obligations.

11. Any notice which the LESSOR requires to give to the LESSEE shall be deemed to have been validly given if sent by pre-paid registered letter to the LESSEE at the property or left by the LESSOR or his Agent at such address, which notice shall be deemed to have been received 4 days after posting by registered post, or on the day the notice was delivered by hand in terms of these presents.

12. The LESSOR choose the physical address contained in the preamble hereto and the LESSEE choose "the property" as their respective *domicilium citandi et executandi* addresses for the service of all notices and court processes and they also hereby consent to the jurisdiction of the Magistrate's Court in respect of any legal proceedings arising out of this lease.

13. No variation of the terms of this lease shall be of any effect unless reduced to writing and signed by the LESSOR and LESSEE or their duly appointed Agent or Agents.

14. The cost of this lease together with the Stamp Duty thereon shall be paid by the LESSEE.

15. SPECIAL CONDITIONS:

IN WITNESS WHEREOF the parties have hereunto set their hands in the presence of the undersigned witnesses:

By the LESSOR at Mossel bay (Place)
On the 14th day of January 2024

AS WITNESSES:

1. _____

2. _____

[Signature]
LESSOR
[Signature]
LESSOR'S SPOUSE
(If married in community of
property the spouse must sign)

By the LESSEE at Mossel Bay (Place)
On the 14th day of January 2024

AS WITNESSES:

1. Susanna Elizabeth (Liezl) Liebenberg

2. _____

[Signature]
LESSEE

LESSEE'S SPOUSE
(If married in community of
property the spouse must sign)

NOTE:

- (1) The Consumer Protection Act may affect this agreement in certain circumstances.
- (2) You are advised to consult an attorney if necessary.



Section 4-12a

ADOPTION No

ADMISSION

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN:

TIME:

NAME OF APPLICANT:

ADDRESS:

HOME TEL No:

CELL No:

ANIMAL(S) ADOPTING:

SEX:

AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence:	Bricks / Mibingale	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	Shenel 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:

SPCA:

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

5429

26/3/0054.
BHS Cat
Female.
± 5-6 mo.

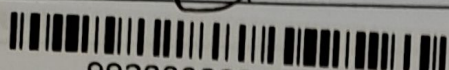
26/3/84



ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male / Female
Microchip and or ID		



992003000408434

This animal has been given to you to 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.

- 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: 39 E. Mira, Dana Bay

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

CELL No:
SELFOON Nr: 0794995519

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

ADOPTION FEE:
AANEMINGSVOOI: R750

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 1729

VEHICLE REG No.
VOERTUIG REG Nr. CBS 11380

VEHICLE MAKE:
VOERTUIG MAAK: Isuzu

COLOUR:
KLEUR: wit

SIGNATURE
HANDTEKENING: Liebenberg

DATE / DATUM: 28/03/24



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.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieledes 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 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.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoon 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 wag hond gebruik word op enige industriële of kommersiële perseel nie.
- 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.

Liezl Liebenberg

ID/PASSPORT No.: 740729 0049 089
ID/PASPOORT Nr.:

(B):
(W):

FAX No:
FAKS Nr:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

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 Liel Liebenberg

HOME ADDRESS: 39 E Mira, Dana Bay

ID NO.: 7407290049089

POSTAL ADDRESS: _____

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

CELL NO: 0794995519 FAX NO: _____

EMAIL: liel sword@gmail.com

Address where animal will be kept: 39 E Mira St, Dana Bay

Occupation: Graphic Designer

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 NO

Reason for wanting animal: Animal lover

Is the animal for yourself? YES/NO YES

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/NO NO

What breed of dog or cat are you interested in? Cat

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

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

What are the sexes of your animals? DOGS: Male X Female _____ 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? 1 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? Still alive - 1 dog

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

Full description of the fencing and gate: Concrete Height: 1.8m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER X

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

Pre Home Inspection Fee: R100 Receipt No: MBY 1706

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 Liebenberg Date of application 18/03/2024

MY OWNER

NAME **Liezl Liebenberg**

POSTAL ADDRESS

STREET ADDRESS **39 E. Mira**

Dana Bay

HOME PHONE

WORK PHONE

CELLPHONE **0794995519**

BREEDER DETAILS

ME

SPECIES

BREED

COLOUR

SEX

DATE OF BIRTH

MICROCHIP

992003000408434

FEATURES/MARKS

NEXT VACCINATION DUE

DATE DATE DATE

Jan 2025

I WAS VACCINATED ON

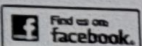
DATE	VACCINE A	RABISIN R	VET SIGNATURE
11/12/23	352806 R1 Batch: D2071437C Manf: 04SEP22 Exp: 04MAR24	924507 Lot/Batch: E48017 28/01-2025	N.N
5/1/24	352806 R1 Batch: D2071437C Manf: 04SEP22 Exp: 04MAR24	924507 Lot/Batch: E48017 28/01-2025	N.N
	MSD Animal Health		
	MSD Animal Health		
	MSD Animal Health		
	MSD Animal Health		
	MSD Animal Health		
	MSD Animal Health		
	MSD Animal Health		
	MSD Animal Health		
	MSD Animal Health		
	MSD Animal Health		
	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	
	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 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), 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 (isoquinoline) 50 mg/tablet and Fenbendazole (benzimidazole) 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.



I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
2/23	Trivorm		
1/24	Trivorm		

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

26 March 2024

S. S. de Kange

GARDEN ROUTE SPCA

PO. BOX 258

GEORGE 6530

TEL: 044 693 0824 / 072 281 1761

PRACTICE STAMP



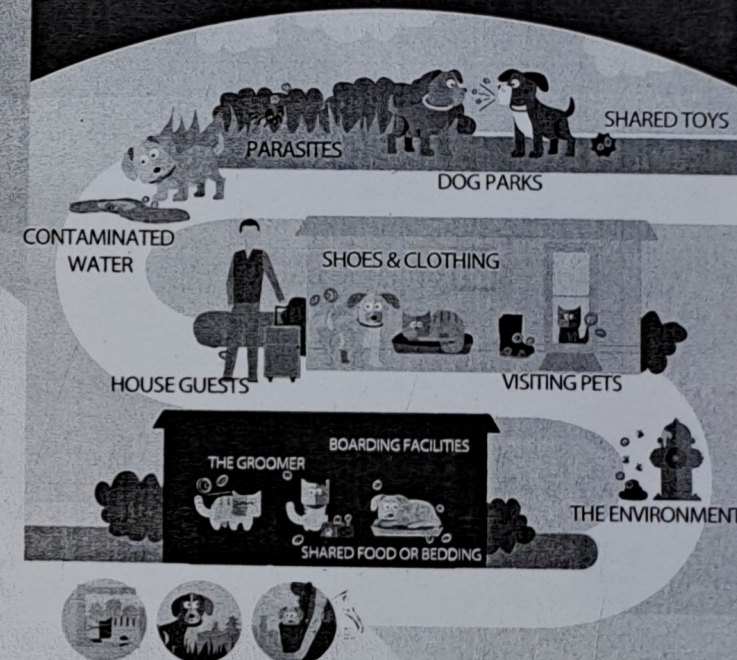
MSD

Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07

VACCINE RECORD CARD

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



PET'S NAME

Sansa

MY VET

GARDEN ROUTE SPCA
MOSEL 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

Quantel

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

ADMISSION, ASSESSMENT AND HISTORY RECORD

MB40052



Garden Route

KENNEL No. <u>CB6. C2 C5</u>				ADMISSION No. T 0368		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	<u>09/12/23</u>		Time In	<u>10:20</u>	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>09/12/23</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>09/12/23</u>	Microchip or ID Tag number			

DESCRIPTION & HISTORY	Dog	<u>Cat</u>	Other species (Specify)				
	Breed	<u>DLH</u>	Colour and Markings <u>Ginger</u>				
	Condition	<u>Fair</u>	Sex	<u>Female.</u>	Age	<u>+ 3 months</u>	
	Temperament	<u>Good</u>	Sterilisation Details	<u>No</u>	Name	<u>-</u>	
	Coat <u>Thin</u>	Tail <u>Long</u>	Teeth Condition <u>Good</u>	Ears <u>up.</u>	Size	<u>small</u>	
	Area found / collected from					Date	<u>09/12/23</u>
	Reason for surrender <u>Can't afford to keep.</u>						

ASSESSMENT		
GOOD WITH:	YES	NO
Children		
Cats		
Other dogs		
Livestock / Other		
DO THEY:		
Jump Fences		
Run Away		
COMMENTS:		

Surrendered by	Name	<u>Theuns Rossouw</u>
Found by		
Residential Address	<u>Delta straat no 7</u>	
	<u>Heiderand</u>	
Postal Address	<u>N/A</u>	
Tel (H)	<u>N/A</u>	Tel (W) <u>N/A</u> Cell <u>076 4552984</u>
Email	<u>N/A</u>	
Donation R	<u>N/A</u>	Cash ☐ Card ☐ EFT ☐ (Receipt No.) <u>N/A</u>

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 / DO NOT** own the animal/s described above, that **IT IS/ IT IS NOT** a stray and I **DO / 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 uitdruklik ooreengekom dat nog die DBV nog sy amtenare, 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 <u>[Signature]</u>	Witness for Society <u>[Signature]</u>
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FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐

On Date: _____

CONDITIONS / VOORWAARDES

- | | |
|--|--|
| <ol style="list-style-type: none"> 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. | <ol style="list-style-type: none"> 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 die dien verstande dat die Vereeniging 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. 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 Vereeniging 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 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: _____

Email 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 ☐	No ☐	Microchip / ID tag details	Date _____
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MEDICAL RECORD

Date	Remarks	Treatment	Cost
11/04/2023	Uitd. van 12/04/23		
	intoreale		
5/11/23	Alx - 5/11/24		
	Val + rebiol		
	Jan 25		
PTS APPROVAL			
NAME		SIGN	

26/3/24. Stei - *[Signature]*

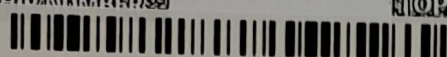


MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY F

* PRINT INFORMAT

TOP COPY - Print only copy



992003000408434

PET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0794995519

E-mail * liezlsword@gmail.com

Title * MRS

Initials * L

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

Surname * LIEBENBERG

Street 39 E Mira

City

Suburb

Area Code Dana Bay

Country

Province

Phone - Day time

Phone - Night time

OTHER CONTACTS

Title *

Initials *

Surname *

E-mail *

Title *

Initials *

Surname *

E-mail *

Title *

Initials *

Surname *

E-mail *

CHIP DETAILS

Registration Date *

Date of Implant * 27 - 03 - 2024

Was the Microchip implanted by this veterinary practice?

☒ Yes

☐ No

Name of Person who implanted the Chip NOYEBU NGQELE

PET DETAILS

Pet Name SANSA

Year of Birth 2023

Species * FELINE

Breed * DSH

Colour GINGER

Markings

Gender

Male

☒ Female

Sterilised

☒ Yes

No

KANSA 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 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 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 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 his / her personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE * Liebenberg

REGISTRATION PROCESS: Please use one of the following option to register on the BackHome database:
Log onto www.backhome.co.za. Complete the registration process.

1. On-line

or contact form to BackHome on 0800 222 546 (TOLL FREE) or 0864 570 463.