

ADOPTION CHECKLIST

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

ADMISSION NO:

MBY2230

CONTRACT NO:

MBY0053

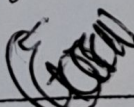
Adoptee INFO:

Name & Surname Siegfried van Zyl

Contact INFO: 074 991 5686

Completed by: Kay Ievers

Date: 02/04/2024

Manager: 

Date: 02/04/2024

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

LE 00069



Garden Route

KENNEL No. 1516 K34		ADMISSION No. MBY2230				
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	01/03/24		Time in	09:30	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	01/03/24
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	01/03/24	Microchip or ID Tag number		

DESCRIPTION & HISTORY	<u>Dog</u>	Cat	Other species (Specify)				
	Breed	Pitbull X		Colour and Markings	Light brown		
	Condition	Fair		Sex	♀	Age	+ 8 weeks
	Temperament	Friendly		Sterilisation details	NO	Name	
	Coat short	Tail Long	Teeth Condition Fair	Ears Down	Size Small		
	Area found / collected from Civic Park					Date 01/03/24	
	Reason for surrender Too many dogs						

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

Surrendered by	☒ Name	Sandra Moolman			
Found by					
Residential Address	21 MFUNDISI STR				
	CIVIC Park				
Postal Address	N/A				
Tel (H)	N/A	Tel (W)	N/A	Cell	0780756764
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 uitdruklik 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 MBY2229	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

CONDITIONS / VOORWAARDES

1. Die Eenaar / Vinder onder hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die eekersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.
2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. Die Vereniging sal geen dier plaas wat ongesterriliseer is nie.

REQUEST FOR EUTHANASIA	
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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	Date _____
	No		

MEDICAL RECORD

[illegible]

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL /CAGE H	K16	DATE	25/03/24
CARD H	MBT 2230	BREED	
COLOUR		STRAY/SURRENDER	
ANIMAL NAME		MALE/FEMALE	
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	

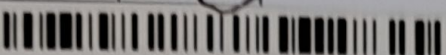
GENERAL HEALTH CHECK

EARS	☒ NAD	
EYES	☒ NAD	
TEETH	☒ NAD	
NOSE	☒ NAD	
LUNGS	☒ NAD	
HEART	☒ NAD	
ABDOMEN	☒ NAD	
HIP	☒ NAD	
SKIN&COAT	☒ NAD	
FIT FOR ADOPTION	☒ YES	NO
COMMENTS:		

Keep an eye to 220 feet.



Garden Route

DOG / CAT	Breed	Male / Female
Microchip and or		
		
992003000408435		

This animal has been given to you in the full 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.

- 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: 40 A Aalwynstraat, Donabai

TEL No (H):

TELEFOON Nr (H):

CELL No:

SELFOON Nr: 074 9915686

E-MAIL:

E-POS: siegvanzyl@gmail.com

ADOPTION FEE:

AANEMINGSVOOL: R750

cash / eft / card

kontant / eft / kaart

DONATION:

DONASIE:

KWITANSIE Nr

RECEIPT No. 1735

VEHICLE REG No.

VOERTUIG REG Nr. CP 65589

VEHICLE MAKE:

VOERTUIG MAAK: NISSAN

COLOUR:

KLEUR: Groen

SIGNATURE

HANDEKENING:

ADMISSION No.
TOELATINGSNR.

MBY0053



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. Elenaarskap 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 regkoste 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

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* 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.

Siegfriede Percyville van Zyl

ID/PASSPORT No.:

ID/PASPOORT Nr.: 7411255176085

(B):

(W):

FAX No:

FAKS Nr:



Garden Route

DOG / CAT	Breed	Male / Female
Microchip and or		
992003000408435		

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

HOME ADDRESS
WOONADRES: 40 A Aalwynstraat, Danabani

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

CELL No:
SELFOON Nr: 0749915686

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

ADOPTION FEE:
AANEMINGSVOOI: R750

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 1735

VEHICLE REG No.
VOERTUIG REG Nr. 60 65589

VEHICLE MAKE:
VOERTUIG MAAK: NISSAN

COLOUR:
KLEUR: Groen

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 02/04/2024

ADMISSION No.
TOELATINGSNR.

MBY0053



Garden Route

HOND / KAT	Ras	Manlik/Vroulik
Mikroskyfie en of ID nSkyfie Nommer:		

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- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieliede 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 kliënt skaal, in die terugbesorging van die dier.
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- 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).
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* 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.

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): Siegfried Percyville van Zyl

HOME ADDRESS: 40 A Albany Street, Durban

ID NO.: 7411255176085

POSTAL ADDRESS: _____

TEL NO (H): _____ (B): 011 928 0323

CELL NO: 074 991 8686 FAX NO: _____

EMAIL: SiegvanZyl@gmail.com

Address where animal will be kept: ↑

Occupation: aircraft engineer

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: NA YES/NO

Reason for wanting animal: _____

Is the animal for yourself? yes 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? _____

Can you afford private fees? yes Who is your vet? New in Durban

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

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? 1 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? He is living with my daughter

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

Full description of the fencing and gate: Both sides latched, Per of hase Height: 1.8 m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER Indoors

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: 1707

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 [Signature] Date of application 29/03/2024



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:	Height of fence:		
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					
SEX					
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Property well fenced
Dog is going to a great home

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



REPUBLIC OF SOUTH AFRICA

NATIONAL IDENTITY CARD

Surname:

VAN ZYL

Names:

SIEGFRIEDT PERCYVILLE

Sex:

M

Nationality:

RSA

Identity Number:

7411255176085

Date of Birth:

25 NOV 1974

Country of Birth:

NAM

Status:

CITIZEN



Signature:





Van Zyl, Siegfriedt Percyville

40A Aalwyn Way
Dana Bay
Mossel Bay
6500
South Africa

Just Property George
Company Name: Photon Management Services (Pty) Ltd
Reg. No. 2016/316553/07

45 Blaauwberg Road
Tableview
7441

Tel: 044 6920273
E-mail: emmerentiavr@just.property
Web: www.just.property

STATEMENT

Payment reference: FLP339

Property: Aalwyn Way 40A

Statement period: 2024-02-01 to 2024-04-02

Date	Ref no	Description	Method	Debit	Credit	Balance
2024-02-01		Opening balance				-11,104.89
2024-02-01	PP5701-1	Invoice - Monthly Rent		11,000.00		-104.89
2024-02-01	PP5701-2	Invoice - Monthly Tenant Service Fee		100.00		-4.89
2024-02-27	PP5762	Invoice - Electricity R325.79, Water R281.87 (08/01/2024-06/02/2024) and Refuse R274.89 (February 2024), MINUS Auxiliary deduction from electricity of R184.19		698.36		693.47
2024-02-27	53790201	Payment - Aalwyn 40A : Rent (March 2024) and Municipality Statement (February 2024)	Direct Deposit		-11,793.47	-11,100.00
2024-02-27	54125039	Payment - Aalwyn 40A : Rent (April 2024)	Direct Deposit		-206.53	-11,306.53
2024-03-01	PP5834-1	Invoice - Monthly Rent		11,000.00		-306.53
2024-03-01	PP5834-2	Invoice - Monthly Tenant Service Fee		100.00		-206.53
2024-03-28	PP5898	Invoice - Electricity R325.79, Water R269.20 (06/02/2024-07/03/2024) and Refuse R274.89 (March 2024), MINUS Auxiliary deduction from prepaid electricity purchase of R400.00 on 27/03/2024, due to Owner's arrears account		469.88		263.35
2024-04-01	PP5976-1	Invoice - Monthly Rent		11,000.00		11,263.35
2024-04-01	PP5976-2	Invoice - Monthly Tenant Service Fee		100.00		11,363.35
Balance due on 2024-04-02						11,363.35

WAYS TO PAY

DIRECT DEPOSIT

Account number: **4097112016**
Bank name: **ABSA**
Branch code: **632005**
SWIFT code: **ABSAZAJJ**
Account name: **Just Property George**

Payment reference: **FLP339**

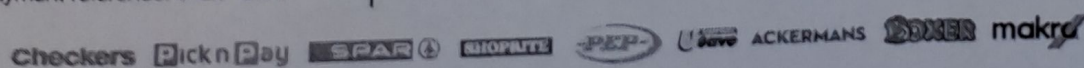
AT ANY OF THESE STORES

You can now pay your account at any Shoprite, Checkers, Pick n Pay, PEP, Usave, Ackermans, Boxer or selected Spar Branches. Please note, the terms and conditions of your lease agreement may result in associated transaction costs being recharged to you. Please allow 3-4 working days for your payment to reach us.

Please quote this Bill Payment Reference: **11364 0207 3000 3397 3**

Powered by PayProp

PayProp, in its capacity as a licensed property practitioner, is contractually authorised to manage rental payments.





STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0053

DATE: 02/04/24

between

Mosselbay

SPCA

and

Name Siegfriedt Percyville van Zyl

Address 40 A Aalwynstraat, Danabadi

Telephone Numbers (H) 011 928 0323 (B) 074 991 5686

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

Animal's Name _____ Sex Female Age 8 weeks

Description

Staffie

On (due date)

Adoption Form No. MBY 0053

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: _____

NAME Siegfried van Zyl

POSTAL ADDRESS

STREET ADDRESS 40 A Aalwynstraat
Danabai

HOME PHONE

WORK PHONE

CELLPHONE 0749915686

BREEDER DETAILS

ME

SPECIES Canine

BREED Pitbull -x

COLOUR Light Brown

SEX ♀

DATE OF BIRTH

MICROCHIP 992003000408435

FEATURES/MARKS

NEXT VACCINATION DUE

DATE	DATE	DATE
15/4/2024		



Nobivac
VACCINES FOR DOGS AND CATS

Quantel
DEWORMER FOR DOGS AND CATS

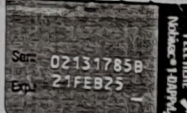
Exitel Plus

Exitel Plus XL

Bravecto

facebook.com/Bravecto.SouthA
facebook.com/MsdPetsSa

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
15/3/24	 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	
	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	

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.

[illegible]

Saturday, Sunday & Public Holidays: Closed

DEWORMING FOR HAPPIER HEALTHIER DOGS

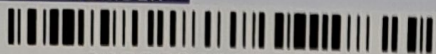
Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIP NUMBER



992003000408435

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

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

PET OWNER INFORMATION

Cell No. * 0749915686

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

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

Title * MR Initials * S

Surname * VAN ZYL

Street 40 A AALWYN STR

City

Suburb

Area Code DANABAY

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 * 27-03-2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip Noyebo Ngzile

PET DETAILS

Pet Name BUBBLES

Date of birth 2024 M M D D

Species * DOG

Breed * STAFFIE X

Colour LIGHT BROWN

Markings

Gender Male ☒ Female

Sterilised Yes ☒ No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

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