Not scanned.

ADOPTION CHECKLIST

ADMISSION NO: MBY1764

CONTRACT NO: MBY0099.

- [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
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000408431

Adoptee INFO:

Name & Surname: John Barnard

Contact INFO: 083 984 1034

Completed by: Kay Lewis Date: 08/04/24

Manager: EGOVEN. Date: 08/04/24

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

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

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

MB1 0099
Lomaso

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA Garden Route

KENNEL No. K19				ADMISSION No.	MBY1764	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	26.03.24		Time in	14:08	Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	Yes / No	Lost & Found Date checked	26.03.24
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked 26.03.24	Microchip or ID Tag number

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	
Breed	Collie x	Colour and Markings	Brown + white
Condition	Fair	Sex ♀	Age ± 7 weeks
Temperament	Good	Sterilisation details NO	Name
Coat Short / Tail long / Teeth Condition Fair		Ears Down	Size Small
Area found / collected from	Asla		Date 26.03.24
Reason for surrender	Doesn't want them		

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	Porchrum Ploto		
Residential Address	4 90? Pizola Street Asla			
Postal Address	N/A			
Tel (H) N/A	Tel (W) N/A	Cell N/A		
Email	N/A			
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A

PLEASE INSIST ON A RECEIPT N/A N/A

Confiscated: OB No: ______ Case No: ______ Inspector: Luciano

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.**

Refer to MBY2291

Signature	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ ...

CONDITIONS / VOORWAARDES

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

2. If, in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die 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 dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging to bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir 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 ongesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

_____

Tel No (h): _____ Tel No (w) _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID tag given		Yes / No	Microchip / ID tag details

Date _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
25/3/24	Worms		
	Parvo test (-)		
	NAD/25/4		

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): Mr John Barnard.

HOME ADDRESS: 11 Kiepersol straat Heiderand

Mosselbaai ID NO: 7606135025085

POSTAL ADDRESS: 11 Kiepersol straat Heiderand.

TEL NO (H): 267777 00 98. (B):

CELL NO: 083 984 1034 FAX NO:

EMAIL: johnpbarnard177@gmail.com.

Address where animal will be kept: 11 Kiepersolstraat. Heiderand.

Occupation: Mechanical Technician

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

Are you a student with consent to keep pets: YES/NO

Reason for wanting animal: animal lover.

Is the animal for yourself? YES/NO

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

What breed of dog or cat are you interested in? collie / huskey mix

Can you afford private fees? yes Who is your vet? Heiderand diere kleniek.

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

What are the sexes of your animals? DOGS: Male 1 Female DOGS: Male Female

Are all your animals sterilised? Give details No

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

Which animals do you still have, and what happened to the others? Age and cancer.

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

Full description of the fencing and gate: brick fencing dark grey gate Height: 1.8m.

What shelter is provided: OUTDOORS yes KENNEL yes. OTHER

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

Pre Home Inspection Fee: R100 Receipt No: 1698

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 14 March. 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): Mr John Barnard.

HOME ADDRESS: 11 Kiepersol straat Heiderand

Mosselbaai ID NO.: 7606135025085

POSTAL ADDRESS: 11 Kiepersol straat Heiderand.

TEL NO (H): 0677770098. (B): Jolene

CELL NO: 083 984 1034 FAX NO:

EMAIL: johnpbarnard177@gmail.com.

Address where animal will be kept: 11 Kiepersolstraat. Heiderand.

Occupation: Mechanical Technician

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

Are you a student with consent to keep pets: YES/NO

Reason for wanting animal: animal lover.

Is the animal for yourself? YES/NO

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

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I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT **Date of application** 14 March. 2024

Section

ADOPTION No MBY 0099

ADMISSION MBY 1764.

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN: 15/03/24 TIME: 17:54

NAME OF APPLICANT: John Barnard

ADDRESS: 41 Kiepersol street, Heidevand

HOME TEL No: CELL No: 083 984 1034 / 067 777 0098

ANIMAL(S) ADOPTING: Dog

SEX: ♀ AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Palisade/bricks		Height of fence: 1.8 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	German Shepherd				
SEX	Female				
AGE	1 year				
STERILIZED	YES ☐ / NO ☒	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Lovely dog / swinging tail

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Kerr SPCA: Nosselsig SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

Section

DBV SPCA

ADOPTION No MBY 0099

MBY 1764.

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN: 15/03/24 TIME: 17:54

NAME OF APPLICANT: John Barnard

ADDRESS: 41 Kiepersol street, Heidevand

HOME TEL No: _____ CELL No: 083 984 1034 / 067 770 0098

ANIMAL(S) ADOPTING: Dog

SEX: F AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Palisade / Bricks		Height of fence: 1.8 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	German Shepherd				
SEX	Female				
AGE	10 years				
STERILIZED	YES ☐ / NO ☒	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Lovely dog / swinging tail

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Kane SPCA: Nossel Bay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New Inclusion July 2013

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.

1

I.D.No. 760613 5025 08 5

S.A. BURGER/S.A. CITIZEN

VAN/SURNAME
BARNARD

VOORNAME/FORENAMES
JOHN PETRUS

GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1976-06-13

DATUM UITGEREIK/
DATE ISSUED
1998-06-01

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS

BELANGRIKE KENNISG
Hierdie rekening word ooreenkomstig die Raad se

SPERDATUM:
Rekenings is betaalbaar wanneer gelewer. Die s
slegs van toepassing op die lopende rekening
gedeelte van die rekening nie. Bedrae wat onvoll
agterstallig en die dienste kan opgeskort word sod

METODES EN PLEKKE VAN BETALING:
1. POSORDERS moet gekruis en aan Mosselt gemaak word.
2. Betalings sal eerstens toegewys word na die tipe diens), waarna dit in _ voorafbepaalde pe word.
3. **Betalings kan soos volg gemaak word,**
3.1 by enige van die MUNISIPALE KANT (vakansiedae uitgesluit) 08.00 tot 15.30 (Most 08.00 tot 15.00 (Groot Brakrivier, Hartenbos, kantore),
3.2 by enige PICK & PAY, SHOPRITE, CHECK Let wel dat minstens 48 uur toegelaat moet alle derde party betalings.
3.3 deur direkte BANK- en/of ELEKTRO **STANDARD BANK** waar Mosselbaai Munis word. U rekeningnommer moet as verwysing
3.4 deur outomatiese BANKAFTREKKINGS. V by enige van die Munisipale kantore.

RENTE:
Rente sal ingevolge die Raad se beleid op agterst

OPSKORTING VAN DIENSTE:
Die toevoer van dienste mag, indien enige bedrag is, sonder verdere kennisgewing opgeskort word. hersien word en toeslag, soos van tyd tot tyd bygevoeg word ongeag of die toevoer fisies gestaa

REKENINGE:
Indien geen rekening ontvang is teen die 10de afskrif vanaf die Munisipaliteit aangevra word. I getoon word wanneer 'n betaling gemaak word.

BEËINDIGING VAN DIENSTE:
Wanneer 'n perseel ontruim word moet die Munisipaliteit minstens 15 dae vooraf skriftelik sal tot gevolg hê dat die persoon aanspreeklik bl wat die kennisgewing ontvang en verwerk is.

VOORAFBETAALDE KRAG:
Waar'n voorafbetaalde elektrisiteit meter in gebru dienste op die perseel agterstallig is, sal slegs een bedrag, wat aangebied word, uitgereik word terwy die uitstaande rekening verdiskonteer sal word. (D van tyd tot tyd deur die Raad bepaal)

...GA WASEMOSSELBAY!

REKENINGNOMMER:	65-012015-003-1
DATUM VAN REKENING:	25/07/2023
LAASTE KWITANSIE DATUM:	24/07/2023
VOORAFBETAALDE METERNOMMER:	

Naam:
BARAARD I & JP
Liggingsadres:
11 KIEPERSOLSTRAAT HEIDERAND X28
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO	ERF NOMMER	TOTALE WAARDASIE	WYK Nbr
250.00	12015000	1450000	6

DATUM		BESONDERHEDE LESINGDATUM: 26/06/23			BEDRAG
		BALANS OORGEBRING			2521.52
23/07/2023	0419212651	ELEKTRISITEIT -			434.40 *
23/07/2023	CPUN902	WATER 26/05/2023-26/06/2023			303.01 *
		2099 - 2110 (11 Kl 31 Dae)			
		BASIES		224.17	
		07/22 6.12 @	0.000 =	0.00	
		. 4.88 @	8.058 =	39.32	
		VAT/BTW		39.52	
23/07/2023	400006	RIOOL			316.44 *
23/07/2023	300006	VULLIS			274.89 *
23/07/2023		BELASTING PAAIEMENT			401.42
		KWITANSIES			1366.00 -
		Balans Oorgedra			0.68 -
	BTW OP '*'	ITEMS: 173.30	ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	1155.52	1730.16	2885.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/08/2023	2885.00

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0099 DATE: 08/04/24

between Mosselbay SPCA

and

Name John Barnard

Address 11 Kiepersol, Heiderand

Telephone Numbers (H) (B) 083 984 1034

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

Animal's Name Summer Sex Female Age 9 weeks

Description Collie X

On (due date) Adoption Form No. MB/ 0099

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: Barnard For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Signed:

Date:

MY OWNER

NAME	John Barnard
POSTAL ADDRESS	
STREET ADDRESS	11 Kiepersol str
	Heiderand
HOME PHONE	
WORK PHONE	
CELL PHONE	0839841034
BREEDER DETAILS	

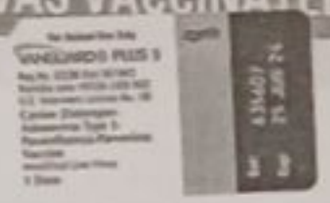
ME

SPECIES	Canine
BREED	Collie x
COLOUR	Brown + White
SEX	♀
DATE OF BIRTH	
MICROCHIP	992003000408431
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
29/4/2024		

I WAS VACCINATED ON

DATE		VET SIGNATURE
29/3/24		N.N

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO	VET SIGNATURE

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 (isoquinoline) 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.

MSD Animal Health

Quantel

Exitel Plus

Exitel Plus XL

Find us on facebook

backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000408431

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

VET ORGANISATION INFORMATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

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.

Cell No. * 0839841034

E-mail * johnbarnard177@gmail.com

Title * MR Initials * J Surname * Barnard

Street 11 KIGPERSOL STR City

Suburb Area Code HEIDERAND

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date *

Date of Implant * 08.04.2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip Ndyebo Ngqelo

PET DETAILS

Pet Name SUMMER. Date of birth 2024

Species * DOG Breed * COLLIE X

Colour BROWN + WHITE 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

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

ADOPTION CONTRACT

DOG / CAT	Breed	Male/Female
Microchip and or	992003000408431	

This animal has be
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.

ADMISSION No.
TOELATINGSNR. MBY0099

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): John Barnard

HOME ADDRESS
WOONADRES: 11 Kiepersol str, Heidevand

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7606135025085

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

(B):
(W):

CELL No:
SELFOON Nr: 083 984 1034

FAX No:
FAKS Nr:

E-MAIL:
E-POS. johnpbarnard177@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3314.

VEHICLE REG No.
VOERTUIG REG Nr. CBS 21824

VEHICLE MAKE:
VOERTUIG MAAK: Ford

COLOUR:
KLEUR: White

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM:

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): Mr John Barnard.

HOME ADDRESS: 11 Kiepersol straat Heiderand

Mosselbaai ID NO.: 7606135025085

POSTAL ADDRESS: 11 Kiepersol straat Heiderand.

TEL NO (H): 0677700098. Jolene (B):

CELL NO: 083 984 1034 FAX NO:

EMAIL: johnpbarnard177@gmail.com.

Address where animal will be kept: 11 Kiepersolstraat. Heiderand.

Occupation: Mechanical Technician

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

Are you a student with consent to keep pets: YES/NO

Reason for wanting animal: animal lover.

Is the animal for yourself? YES/NO

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

What breed of dog or cat are you interested in? collie / huskey mix

Can you afford private fees? yes Who is your vet? Heiderand diere kleniek.

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

What are the sexes of your animals? DOGS: Male 1 Female DOGS: Male Female

Are all your animals sterilised? Give details No

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

Which animals do you still have, and what happened to the others? Age and cancer.

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

Full description of the fencing and gate: brick fencing dark grey gate Height: 1.8m.

What shelter is provided: OUTDOORS yes KENNEL yes. OTHER

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

Pre Home Inspection Fee: R100 Receipt No: 1698

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 14 March. 2024