ADOPTION CHECKLIST

ADMISSION NO: MBY8876

CONTRACT NO: MBY0063

- [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 sterillization Contract Done 11/04/2024 @ Mbay SPCA
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000408500

Adoptee INFO:

Name & Surname Maryke van Wyk

Contact INFO: 082 795 8541

Completed by: _____ Date: 12/04/2024

Manager: _____ Date: 12/04/2024

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

CORDEO
MBY 0063

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in			Time in		Date for release	

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

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	~~GSH~~ DSH	Colour and Markings		
Condition	Good	Sex		Age
Temperament		Sterilisation details		Name TITO
Coat	Tail	Teeth Condition	Ears	Size
Area found / collected from				Date
Reason for surrender				

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			
Residential Address					
Postal Address					
Tel (H)	Tel (W)	Cell			
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

STATEMENT OF SURRENDER

I do hereby certify that ~~I DO / I DO NOT~~ own the animal/s described above, that **IT IS / ~~IT IS NOT~~** a stray and **I DO / ~~I DO NOT~~** know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age. **Also see" Conditions" on reversed side.**

Hiermee verklaar ek dat ek dier/e hierbo beskryf **BESIT / NIE BESIT NIE,** dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdrukiik ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die "Voorwaardes" op die agterblad.**

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

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Meyke Van Wyk

HOME ADDRESS: 21 2 Avenue Riverside, Kleinbrak

ID NO.: 910504 0023 085

POSTAL ADDRESS: _____

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

CELL NO: 082 795 8541 / 079 721 3939 FAX NO: _____

EMAIL: _____

Address where animal will be kept: 21 2 Avenue Riverside, Kleinbrak

Occupation: Waitress

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

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

Reason for wanting animal: companion

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? DLH

Can you afford private fees? yes Who is your vet? _____

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

What are the sexes of your animals? DOGS: Male XX 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? 4 OTHER? _____

Which animals do you still have, and what happened to the others? old age

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

Full description of the fencing and gate: gate and wall Height: 1.5 meters

What shelter is provided: OUTDOORS indoors KENNEL _____ OTHER _____

Have you previously had pets from an SPCA? no Are there children under 10 in your household? 1

Pre Home Inspection Fee: R100 Receipt No: 3322

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** 09/04/2024

MBY 0063

ADMISSION NO MBY2276

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 10/04/2024 TIME: 11:50

NAME OF APPLICANT: Maryke van Wyk

ADDRESS: 21 2 Avenue, Riverside, Kleinbrak

HOME TEL No: _____ CELL No: 082 795 8541

ANIMAL(S) ADOPTING: Cat

SEX: Male AGE: 4 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION CONCRETE & WROUGHT IRON			
Type and height of fence: 1.8M FRONT / 2M BACK		Suitability of fence (i.e. small pets can't escape):	
Suitable shelter? (i.e. Kennel in protected area)	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☒ / NO ☐	If yes, what partitioning?	N/A
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify:	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property?	1 CAT 1 DOG

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	**2**	**3**	**4**	**5**
BREED	CAT	STAFFIE			
CONDITION	GOOD	GOOD			
WELFARE (good?)	GOOD	GOOD			
SEX & AGE	MALE / 7	MALE / 12	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

MALE GOOD

OTHER INFORMATION / COMMENTS FULL FRONT YARD, ANIMALS ON YARD HAPPY
& WELL TAKEN CARE OF, NICE FAMILY

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ **CATS** ☒ **SMALL DOGS**

☒ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: MELITA HALVAR **SPCA:** _____ **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION No.
TOELATINGSNR. MBY0063

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and or ID Tag Number:	992003000408500		

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

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to **return** it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will **not chain or cage** the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only **elasticated or quick release collars** may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post with seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

UITPLASINGSKONTRAK

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.

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 vir 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): Maryke van Wyk

HOME ADDRESS
WOONADRES: 21 2 Ave, Riverside, Kleinbrak

ID/PASSPORT No.:
ID/PASPOORT Nr.: 910504 0023 085

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

(B):
(W):

CELL No:
SELFOON Nr: 0797213939

FAX No:
FAKS Nr:

E-MAIL:
E-POS.

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3326

VEHICLE REG No.
VOERTUIG REG Nr. CBS 70321

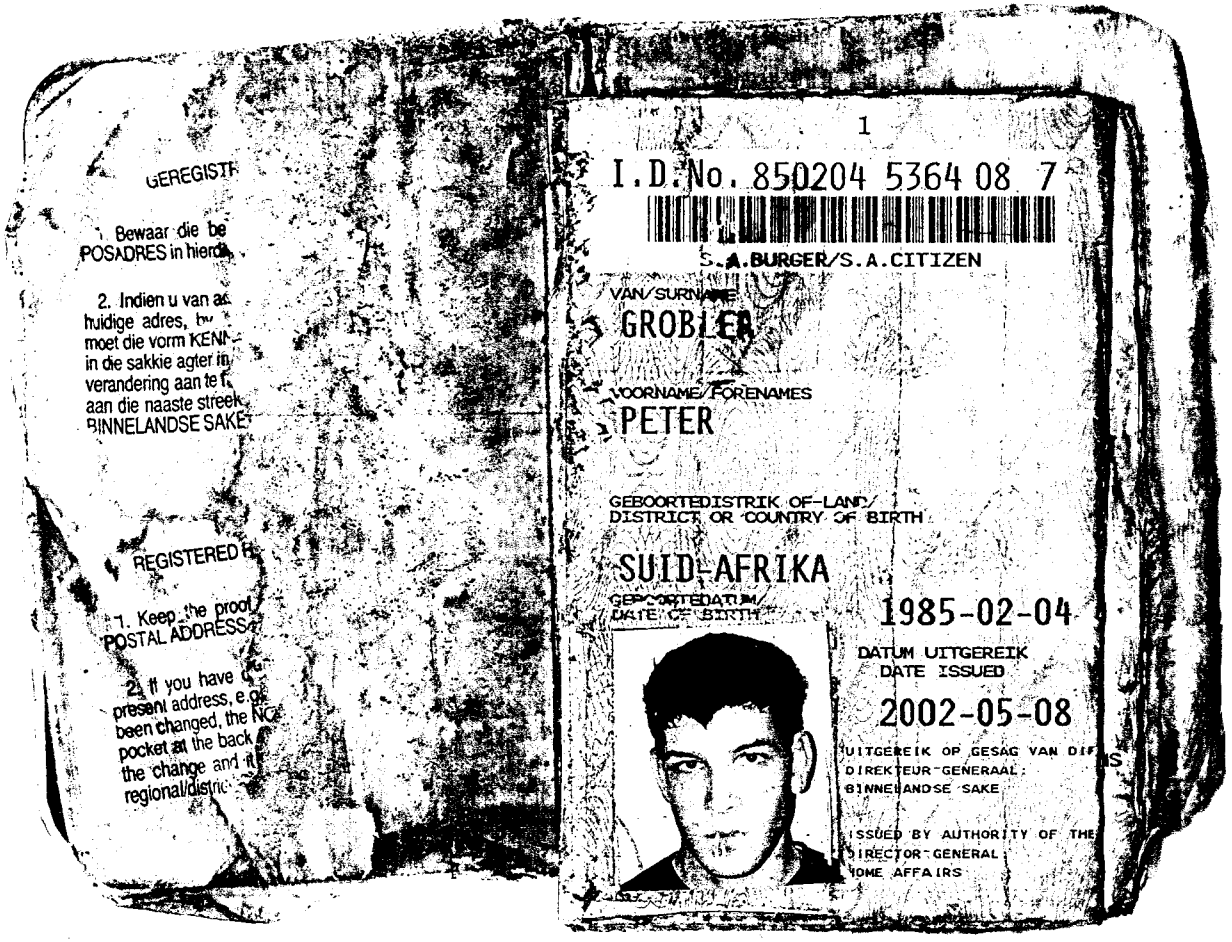
VEHICLE MAKE:
VOERTUIG MAAK: Toyota

COLOUR:
KLEUR: Red

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VERENIGING:

DATE / DATUM: 12/04/2024



GEREGISTR

1. Bewaar die be
POSADRES in hierd

2. Indien u van as
huidige adres, bv
moet die vorm KENN
in die sakkie agter in
verandering aan te r
aan die naaste streek
BINNELANDSE SAKE

REGISTERED H

1. Keep the proof
POSTAL ADDRESS

2. If you have
present address, e.g.
been changed, the NC
pocket at the back
the change and r
regional/distric

1

I.D.No. 850204 5364 08 7

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
GROBLER

VOORNAME/FORENAMES
PETER

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

GEBOORTEDATUM/
DATE OF BIRTH
1985-02-04

DATUM UITGEREIK
DATE ISSUED
2002-05-08

UITGEREIK OP GESAG VAN DIE S
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

Bladsy 1 van 1

Vou en skeur af.

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	22-000296-003-8
DATUM VAN REKENING:	22/02/2024
LAASTE KWITANSIE DATUM:	21/02/2024
VOORAFBETAALDE METERNOMMER:	

Naam:
GROENEWALD AM
Liggingsadres:
21 2DE LAAN KLEIN-BRAKRIVIER (RIVIERKANT)
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
3290.00	296000	1625000	4

DATUM		BESONDERHEDE LESINGDATUM: 16/01/24		BEDRAG
		BALANS OORGEBRING		4130.41
20/02/2024	58562	ELEKTRISITEIT 13/12/2023-16/01/2024		4129.71 *
		83034 - 84549 (1515 KWH 34 Dae)		
		BASIES	377.74	
		07/23 1515.00 @ 2.121 =	3213.32	
		VAT/BTW	538.65	
20/02/2024	HRK1537	WATER 13/12/2023-16/01/2024		944.69 *
		1786 - 1837 (51 Kl 34 Dae)		
		BASIES	224.17	
		07/23 6.71 @ 0.000 =	0.00	
		. 15.65 @ 9.186 =	143.76	
		. 11.18 @ 11.942 =	133.51	
		. 11.18 @ 15.524 =	173.56	
		. 6.29 @ 23.286 =	146.47	
		VAT/BTW	123.22	
20/02/2024	300004	VULLIS		274.89 *
20/02/2024		BELASTING PAAIEMENT		454.37
		KWITANSIES		4100.00 -
		Balans Oorgedra		0.07 -
	BTW OP '*' ITEMS: 697.72	ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	30.41	5803.66	5834.00

BETALINGS MOET OP OF VOOR DIE VERVALDATUM GEMAAK WORD	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/03/2024	5834.00

Ek sertifiseer dat hierdie dokument 'n ware ... is van ...
I certify that this document is a true reproduction / copy of the orig...
oorspr... deur my ...
which was ... by me ...
waarmee ... die oorspronklike ... is nie.
original has not altered in any manner.
... Signature

VAT No. / BTW Nr. 4830118370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betalings Besonderhede

Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
Verwys. Nr.: 220002960038

EasyPay
>>>>>915262200029600381

pay@ your payment partner
11379 220002960038

Message / Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

SOUTH AFRICA
Permit Mail
P4010395

SUID-AFRIKAANSE POLISIEDIENS
DISTRIK 94
RURAL SECTOR MANAGER
GROOTBRAKRIVIER
09 -04- 2024
STATIONCOMMANDER
GREAT BRAK RIVER
SOUTH AFRICAN POLICE SERVICE

Mossel Bay MUNICIPALITY

GROENEWALD AM
POSTE RESTANTE
KLEIN-BRAKRIVIER
6503

OO2960038

Fold and tear on perforation.

DATE	PRODUCT	DATE	PRODUCT
23/2/24	Milbemax		
27/3/24	Triworm		

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

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 conditions 2 and 3 were met before the intended movement.

DATE:

BY VETERINARIAN:

SIGNATURE PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE: [signature] BSc

DATE: 11/04/2024.

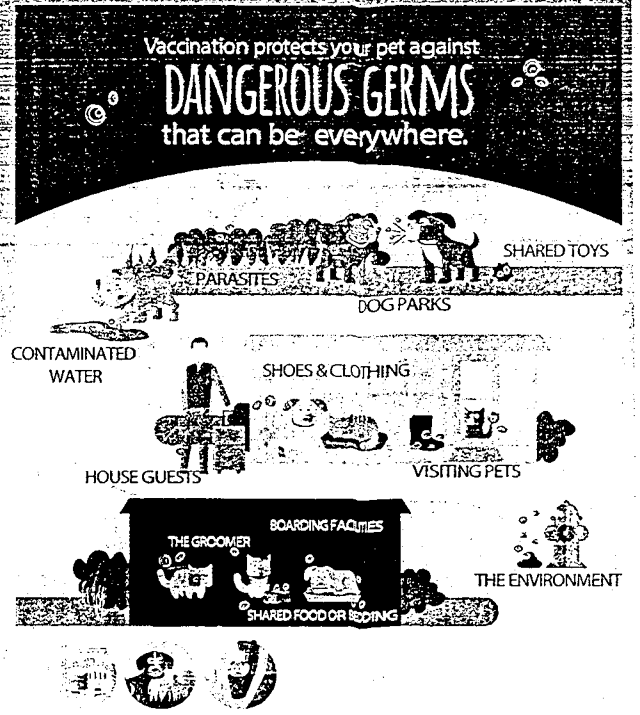
DOCTOR'S NAME: Dr. A.J. Muller.

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

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001



PET'S NAME: Tito

MY VET:

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours
Monday & Wednesday: CLOSED
Tuesday & Thursday: 9:00 to 10:00 and 15:00 to 16:00
Friday – 12:00 – 16:00
Saturday, Sunday & Public Holidays: Closed

MY OWNER

NAME	Maryke van Wyk
POSTAL ADDRESS	
STREET ADDRESS	21 2Avenue, Riverside, Kleinbrak
HOME PHONE	
WORK PHONE	
CELLPHONE	0827958541
BREEDER DETAILS	

ME

SPECIES	FELINE
BREED	DLH
COLOUR	BLACK
SEX	MALE
DATE OF BIRTH	
MICROCHIP	992003000408500
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
22/3/24		
March 2025		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
23/2/24	Nobivac HCPCh 352806 R1 Batch: Manf: Exp:	N.N
27/3/24	Nobivac HCPCh 352806 R1 Batch: Manf: Exp: / Boehringer Ingelheim RABISIN R 924507 Lot/Batch: E48017 Ut. av./Exp.: 28/01-2025	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 (isoqinoline) 50 mg/tablet and Fenbendazole (benzimdazole) 500 mg/tablet. Exitel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. Exitel Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

BackHome®

Virba

* COMPULSORY F
* PRINT INFORM

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER: 992003000408500 **NOT COPY: Practice Copy**

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

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No * 082795 8541 Only mobile numbers in South Africa and Namibia will be receiving SMS notifications.

E-mail *

Title * MRS Initials * M Surname * VAN WYK

Street 21 2 Avenue Riverside City

Suburb KLEINBRAK Area Code KLEINBRAK

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 * 18 - 04 -

Date of Implant * 12 - 04 -

Was the Microchip implanted by this veterinary practice? Yes No

Name of Person who implanted the Chip NOEBO NGQELE

PET DETAILS

Pet Name Year of Birth 2024

Species * FELINE Breed * DLH

Colour BLACK Markings

Gender (Male) Female Sterilised (Yes) No

KENNEL UNION OF SOUTH AFRICA (KUSA) **MEDICAL**

Are you a KUSA Registered Member? Yes No Medical Conditions

KUSA Registartion Number Medical Insurance Company

Pet Registered Name 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 s 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 informal 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 institutio 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 informa 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 processi 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 _____

REGISTRATION PROCESS: Please use one of the following options to register on the BackHome database:

1. On-line Log onto www.backhome.co.za. Complete the registration process.

[illegible] completed form to BackHome on 0800 222 546 (TOLL FREE) or 0864 570 463.