ADOPTION CHECKLIST

ADMISSION NO: MB72438

CONTRACT NO: MB10060

- [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 Done 16/04/2024 @ SPCA Mbay
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000418794

Adoptee INFO:

Name & Surname Thevnis Louis Jacobs

Contact INFO: 081 037 3513

Completed by: Kay Ievers

Date: 18/04/24

Manager: [signature]

Date: 18/04/24

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.

Molly Kho

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 Theunis Louis Jacobs

HOME ADDRESS: 9 Capitata Street, Dana Bay, 6510

ID NO.: 730519 5192 084

POSTAL ADDRESS: PO Box 10119, Dana Bay

TEL NO (H): (B):

CELL NO: 081 037 3513 FAX NO:

EMAIL: theunis.jacobs@outlook.com

Address where animal will be kept: 9 Capitata Street, Dana Bay

Occupation: Software Developer

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

~~YES~~/NO

Are you a student with consent to keep pets:

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? X

Can you afford private fees? Who is your vet? Dr Basson

How many animals live on the property? DOGS? 2 CATS? OTHERS

What are the sexes of your animals? DOGS: Male Female X 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? Scottish T

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

Full description of the fencing and gate: Enclosed + Gate Height: 6

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: R100.00 Receipt No: MBY 3311.

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 06/04/2024

STILL TO BE LOADED ON WELFARE TRACKER ON

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. K17 K40 (LOADED)				ADMISSION No. MBY2438		
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 18/03/24			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND							
Lost & Found checked		(Yes) / No	Lost & Found Date checked	18/03/24			
Microchip/Collar or ID tag found		Yes / (No)	Date scanned or checked	18/03/24	Microchip or ID Tag number	None.	

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify) B/I.			
Breed	Steekbaard		Colour and Markings	Black & White	
Condition	Fair.		Sex ♀	Age w/Molly	
Temperament	Friendly		Sterilisation details	Name	
Coat M.	Tail L.	Teeth Condition Fair.	Ears hang	Size M.	
Area found / collected from FOUND LOST.				Date 18/03/24	
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	X	Name	J. NORTJÉ Johan.	
Residential Address	SANDHOOGTE PAD 52 GROOTBRAK.			
Postal Address				
Tel (H) No num.	Tel (W) No num	Cell 0760632417.		
Email	No email			
Donation R	Cash	Card	EFT	(Receipt No.)

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 uitdrukilik 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: _____

After 16hr

STILL TO BE LOADED ON WELFARE TRACKER ON LUCY

MBY 0060

ADMISSION NO MBY 2436

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 10.4.24 TIME: 10:42

NAME OF APPLICANT: Themais Louis Jacobs

ADDRESS: 9 Capitata Street, Dana Bay.

HOME TEL No: CELL No: 0810373513

ANIMAL(S) ADOPTING: DOG

SEX: Female AGE: ± 2 yrs

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 2m		Suitability of fence (i.e. small pets can't escape): Uberereke.	
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?	
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					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Good Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☐ CATS
- ☐ MEDIUM DOGS
- ☐ SMALL DOGS
- ☑ LARGE DOGS

INSPECTED BY: Luciano Bezuidenhout SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and or I'			

992003000418794

This animal has bee
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. MBY0060

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 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): Theunis Louis Jacobs

HOME ADDRESS
WOONADRES: 9 Capitata Str, Dana Bay

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7303195192 084

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

(B):
(W):

CELL No:
SELFOON Nr: 081 037 3513

FAX No:
FAKS Nr:

E-MAIL:
E-POS. theunis.jacobs@outlook.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3334

VEHICLE REG No.
VOERTUIG REG Nr.:

VEHICLE MAKE:
VOERTUIG MAAK: Hyundai

COLOUR:
KLEUR: Red

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 18/04/2024

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 Theunis Louis Jacobs

HOME ADDRESS: 9 Capitata Street, Dana Bay, 6510

ID NO: 730519 5192 084

POSTAL ADDRESS: PO Box 10119, Dana Bay

TEL NO (H): (B):

CELL NO: 081 037 3513 FAX NO:

EMAIL: theunis.jacobs@outlook.com

Address where animal will be kept: 9 Capitata Street, Dana Bay

Occupation: Software Developer

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: 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? X

Can you afford private fees? Who is your vet? Dr Basson

How many animals live on the property? DOGS? 2 CATS? OTHERS

What are the sexes of your animals? DOGS: Male Female X 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? Scottish T

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

Full description of the fencing and gate: Enclosed + Gate Height: 6

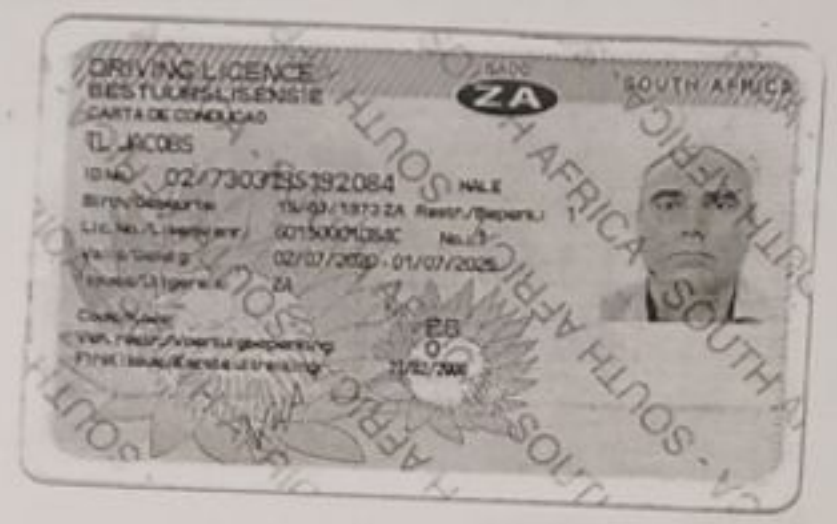
What shelter is provided: OUTDOORS KENNEL OTHER Indoors

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

Pre Home Inspection Fee: R100.00 Receipt No: MBY 3311.

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** 06/04/2024


DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO
TL JACOBS
ZA
SOUTH AFRICA

DGT-9968

/24

‹al
R1,055.55

Payment status
Pending

Danabaai Veterinêre Kliniek
"Care for our animals"

Danabaai Veterinere Kliniek

Email: danabaaivet@gmail.com
Phone: 0446981815
Address: 223 Flora straat Danabaai
VAT number: 4440288753
Trade Register No: VC10/10847
Bank: Standardbank
Account: 10124184276

Client: MEV DAINE PIENAAR
Phone: 0738885660
Address: 280 FLORA WEG,FIJNBOS PARADYS,6510,P O BOX 10119,DANA BAY
Patient: Sandy 🐻 | 13-09-2009 | F/S
Dog | Scottish Terrier x Scottish Terrier

Items	Quantity	Unit Price	Subtotal	VAT	Total
EUTHANASIA <10KG	1	R404.35	R404.35	R60.65 (15%)	R465.00
CREMATION MEMORIES 0-10KG	1	R454.54	R454.54	R68.18 (15%)	R522.72
EUTHANAZE 129057 | 28-02-2025	10 ML	R5.20	R52.00	R7.80 (15%)	R59.80
SYRINGE 10ML 220803 | 30-07-2027	1 EACH	R5.20	R5.20	R0.78 (15%)	R5.98
NEEDLE 21G 1.6CM 5/8 000000000 | 01-01-2028	1 EACH	R1.78	R1.78	R0.27 (15%)	R2.05

Subtotal: R917.87

VAT: R137.68

Total: R1,055.55 Amount Paid: R0.00 Amount Due: R1,055.55

Please use your invoice number as reference.

Molly! kom goed oor die weg met.
Annie.
3de hondjie uitgesit.
Jacobs

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

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 conditions in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 16/04/2024

DOCTOR'S NAME

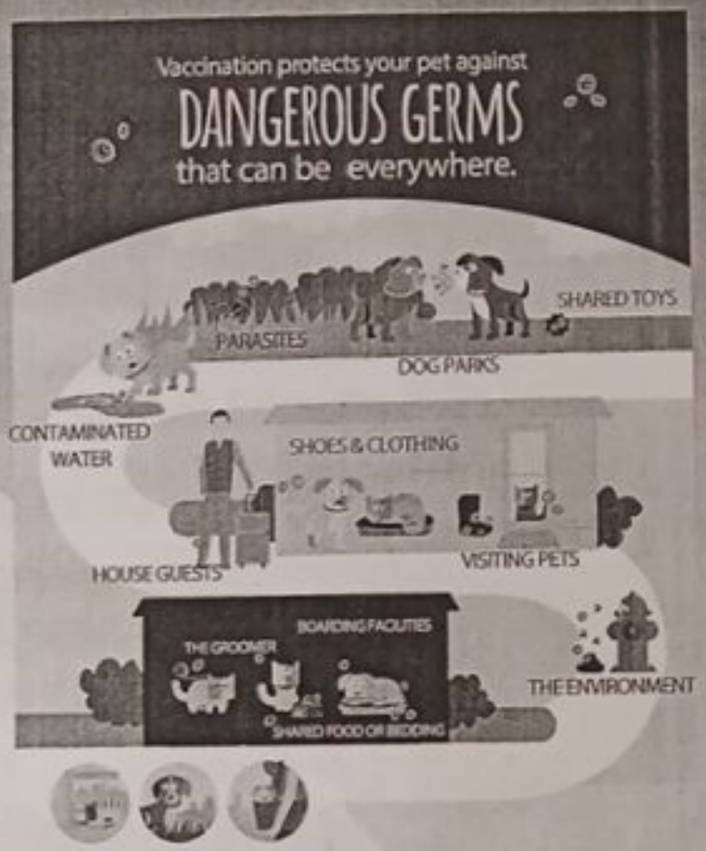
GARDEN ROUTE SPCA
PO.BOX 258
GEORGE 6530
TEL: 044 693 0824 / 072 281 1761

PRACTICE STAMP

MSD
Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006589/07
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

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

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

Consulting Hours
Monday & Wednesday: CLOSED
Tuesday & Thursday: 9:00 to 11:00 and 15:00 to 16:00
Friday – 12:00 to 16:00
Saturday, Sunday & Public Holidays: Closed .

MY OWNER

NAME: Theunis Louis Jacobs

POSTAL ADDRESS:

STREET ADDRESS: 9 Capitata Str, Dana Bay

HOME PHONE:

WORK PHONE:

CELLPHONE: 081 037 3513

BREEDER DETAILS:

ME

SPECIES: Canine

BREED:

COLOUR: Black + White

SEX:

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000418794

FEATURES/MARKS: Steekhaard

NEXT VACCINATION DUE

DATE	DATE	DATE
16/5/24		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
16/4/24	RABISIN R 924507 E48017 28/01-2025	
	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 SIGNA
	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	

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. 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) Contain 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 (equivals 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 Febantel 525 mg. Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

Backhome.

Virbac

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000418794

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

VET OR WELFARE ORGANISATION

Vet Practice Number * FR 14 / 1309.

Vet Practice Name * SPCA VET ROOM.

Vet Practice Phone - Daytime * 044 6930824

PET OWNER INFORMATION

Cell No. * 0810373513 Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * theuns.jacobs@outlook.com If possible, please provide a personal email, not a company email.

Title * MR Initials * TL Surname * Jacobs

Street 9 Capicata City

Suburb Area Code DANA BAY

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 * 17 · 04 · 2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip Ndyebo Ngqele

PET DETAILS

Pet Name

Species * DOG

Colour WHITE & BLACK

Gender Male Female

Date of birth 2022

Breed * WIREHAIR

Markings

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 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 8364
3. By e-mail Scan and E-mail the completed form to backhome@virbac.co.za or Backhome support external@virbac.co.za
4. By App Download the Virbac Backhome Africa App

www.backhome.co.za • Tel: 011 852-8120 or or 011 027 8837 • Fax: 0800 222 546

INTERNET SERVICE PROVIDER

INVOICE

NUMBER:	INV0659568
REFERENCE:	JAC007
DATE:	18/04/2024
DUE DATE:	07/05/2024
SALES REP:	WEBSITE
OVERALL DISCOUNT %:	0.00%
PAGE:	1/1

FROM

CYBER SOUTH

VAT NO: 4110281435

POSTAL ADDRESS:
P O Box 11223
Dana Bay

6510

PHYSICAL ADDRESS:
204 Flora Road
Unit 3
Boetie Le Roux Building
Dana Bay

TO

JACOBS THEUNIS - JAC007

CUSTOMER VAT NO:

POSTAL ADDRESS:
PO Box 10119
Danabay

6510

PHYSICAL ADDRESS:
9 E Capitala
Unit 2
Danabay

Description	Quantity	Excl Price	Disc %	VAT %	Excl Total	Incl Total
FF24 240 SYM - UNCAPPED 240 X 240 MBPS	1	R 926.09	0.00%	15.00%	R 926.09	**R 1,065.00**
FF_AmmM2M - FF_Ammortised Month to Month Fee	1	R 100.00	0.00%	15.00%	R 100.00	**R 115.00**
IP-Static - Static IP Address 196.15.130.137	1	R 75.65	0.00%	15.00%	R 75.65	**R 87.00**

Thank you for your support. Please make your payment to:
Account Name: Cyber South Data Security (Pty)LTD
Bank Name: FIRST NATIONAL BANK
Branch Code: 210314
Account Number: 63015950818
Contact No: 044 698 1450

Total Discount:	R 0.00
Total Exclusive:	R 1,101.74
Total VAT:	R 165.26
Sub Total:	R 1,267.00
Grand Total:	R 1,267.00

BALANCE DUE

R 1,267.00

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL /CAGE #	K17	DATE	18
CARD #	MBY2438	BREED	
COLOUR		STRAY/SURRENDER	STRAY
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:			