

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:

MBY 2682

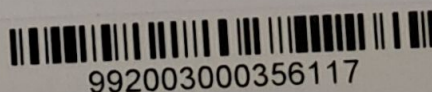
CONTRACT NO:

MBY 0070

Adoptee INFO:

Name & Surname Mrs M. Ongley

Contact INFO: 082320 9490



Completed by: Kay levers

Date: _____

Manager: _____

Date: _____

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



Garden Route

KENNEL No. <u>C62 QAR C6b</u>				LOADED ADMISSION No. MBY2682		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>11/04/24</u>		Time in	<u>09:29</u>	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>11/04/24</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>11/04/24</u>	Microchip or ID Tag number			

DESCRIPTION & HISTORY	Dog	<u>Cat</u>	Other species (Specify)				
	Breed	<u>DLH</u>	Colour and Markings <u>Tabby - Light</u>				
	Condition	<u>Fair</u>	Sex	<u>♀</u>	Age <u>8 weeks</u>		
	Temperament	<u>Fair</u>	Sterilisation details	<u>NO</u>	Name		
	Coat <u>Long</u>	Tail <u>long</u>	Teeth Condition <u>Fair</u>	Ears <u>up</u>	Size <u>Small</u>		
	Area found / collected from <u>Danaburg</u>					Date <u>11/04/2024</u>	
	Reason for surrender <u>Unwanted</u>						

ASSESSMENT		Surrendered by ☒ Name <u>E. Lategan</u>	
GOOD WITH:	Yes No	Found by	
Children		Residential Address	<u>10 E. Conica str.</u>
Cats			<u>Danaburg</u>
Other Dogs		Postal Address	<u>N/A</u>
Livestock/Other		Tel (H)	<u>N/A</u>
DO THEY:	Yes No	Tel (W)	<u>N/A</u>
Jump Fences		Cell	<u>0725795024</u>
Run Away		Email	<u>N/A</u>
COMMENTS:		Donation R	<u>N/A</u>
		Cash	
		Card	
		EFT	
		(Receipt No.)	<u>N/A</u>

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

STATEMENT OF SURRENDER

I do hereby certify that DO / I DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray and 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 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 <u>Refer to MBY1930</u>	Witness for Society <u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
	Details of third Applicant

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

CONDITIONS / VOORWAARDES

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.

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	Microchip / ID tag details	Date _____
	☐	No		

MEDICAL RECORD

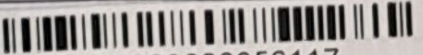
[illegible]

4778

[illegible]



Garden Route

DOG / CAT	Breed	Male/Female
Microchip and 		

992003000356117

This 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):

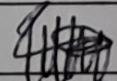
HOME ADDRESS
WOONADRES: 20 Pieneerstraat
TEL No (H): Pienseerstrand / Bothastraat
TELEFOON Nr (H): Grootbrak

CELL No:
SELFOON Nr: 0823209490

E-MAIL:
E-POS:

ADOPTION FEE:
AANEMINGSVOOL: R750

VEHICLE REG No. CAW 82503
VOERTUIG REG Nr.

SIGNATURE
HANDTEKENING: 

DATE / DATUM: 25/4/2024

ADMISSION No.
TOELATINGSNR.

MBY0070



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 tuisle sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieleden stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkoste aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en klient skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuisle 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 waghond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per geregistreerde pos in kennis stel van enige verandering van adres.

* Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.

* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarloos 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.

Mrs M. Ongley

ID/PASSPORT No.:
ID/PASPOORT Nr.: S905020041088

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE:

VEHICLE MAKE: Kia Soul
VOERTUIG MAAK:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

COLOUR: SILVER
KLEUR:

DIN
DEP

DAT

19/0

Belat
voor o
ge

KENNISGE

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application
The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): MRS M. ONGLEY

HOME ADDRESS: 20 PIENARSTRAAT PIENARSTRAND /

ROTHASTRAND GROOT BEAN ID NO.: 5905020041088

POSTAL ADDRESS: /

TEL NO (H): / (B): /

CELL NO: 0823209490 FAX NO: /

EMAIL: /

Address where animal will be kept: SAME AS ABOVE

Occupation: HOUSEWIFE - RETIRED

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/FRIEND

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? CAT

Can you afford private fees? YES Who is your vet? DR. JEAN DU PLESSIS

How many animals live on the property? DOGS? / CATS? / 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? 2 CATS? 2 OTHER? /

Which animals do you still have, and what happened to the others? ALL HAVE GONE HEAVEN

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

Full description of the fencing and gate: PICKET FENCE Height: 1.2

What shelter is provided: OUTDOORS / KENNEL / 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: 3341

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 19/04/24

MOSSELBAAI

Munisipaliteit

121 Marsh Street

Private Bag X 29

Mossel Bay 6500

UMASIPALA

Naam:

ONGLEY RS

POSBUS 10534

GEORGE

6530

Liggingsadres:

20

PIENAARSTRAAT PIENAARSTRAND

BELASTING FAKTUUR MAANDELIKSE REKENING

admin@mosselbay.gov.za

www.mosselbay.gov.za

BTW REG. NO.

DIENSTE
DEPOSITO

1060.00

ERF

NOMMER

501000

WAARDASIE

0

DATUM

VERWYSING

BESONDERHEDE

LESINGDATUM: 11/04/22

BEDRAG

05/2022

BZOE0868

BALANS OORGEBRING

WATER 10/03/2022-11/04/2022

4387 - 4409 (22 Kl 32 Dae)

BASIES

07/21 6.31 @ 0.000 = 0.00

14.73 @ 7.748 = 114.13

0.96 @ 10.072 = 9.67

226.89

52.60

19/05/2022

300005

VAT/BTW

VULLIS

KWITANSIES

Balans Oorgedra

BTW OP '*' ITEMS: 84.22 ACB TOT: 0.00

REKENINGNOMMER: 17-000501-002-2

DATUM VAN REKENING: 23/05/2022

LAASTE KWITANSIE DATUM: 22/05/2022

VOORAFBETAALDE
METER NOMMER: 01311081799

WARD

5

Example

621.

KREDIET

60 DAE

30 DAE

LOPEND

BETAALBAAR

0.00

0.00

0.00

645.99

645.00

Betaling moet op of
voor die vervaldatum
gemaak word.

BETAALBAAR OP

15/06/2022

BEDRAG BETAALBAAR**R****645.00**

KENNISGEWING

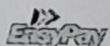
BETALINGS BESONDERHEDE

Nedbank - Mosselbaai

Takkode - 198765

Rekening nr. 1134644809

Verwysing 170005010022



>>>>>915261700050100228

PAY@ 11379 170005010022

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEGISTREERDE 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 geops 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.

I.D.No. 590502 0041 08 8



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

ONGLEY

VOORNAME/FORENAMES

MARIANA

GEBOORTEDISTRIK OF -LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1959-05-02

DATUM UITGEREIK
DATE ISSUED

2002-09-02

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



**PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS**

ADMISSION NO

PASSED: ☒ YES / ☐ NODATE UNDERTAKEN: 24/4/24 TIME: 14:15NAME OF APPLICANT: M. OngleyADDRESS: 20 Pienaarstraat Pienaarstrand / Bothastrand, GroenbrakHOME TEL No: _____ CELL No: 082 320 94 90ANIMAL(S) ADOPTING: CatSEX: FemaleAGE: 2 months**PRE- HOME INSPECTION:****PROPERTY DESCRIPTION**

Type and height of fence:	<u>1.6 Slaps</u>	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?	
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?	<u>0</u>

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTSCat good to go to suitable home and friendly owners

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



CATS



SMALL DOGS



MEDIUM DOGS



LARGE DOGS

INSPECTED BY: Wally WagenaarSPCA: MBay SPCASIGNATURE: [Signature]**POST HOME INSPECTIONS**

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0070

DATE: _____

between Mosselbay SPCA

and

Name Mrs M. Ongley

Address 20 Pietermaritzburg Pietermaritzburg / Bothastrand Greatbrak

Telephone Numbers (H) _____ (B) 082 3209490

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

Animal's Name _____ Sex Female Age 8 weeks

Description DLH Tabby

On (due date) _____ Adoption Form No. MBY 0070

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: _____

MY OWNER

NAME	M. Ongley
POSTAL ADDRESS	20 Pienaarstraat
Pienaarstrand / Bothastrand Grootbrak	
STREET ADDRESS	
HOME PHONE	
WORK PHONE	
CELLPHONE	082 320 94 90
BREEDER DETAILS	

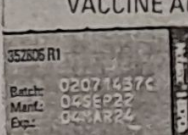
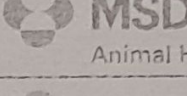
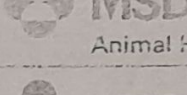
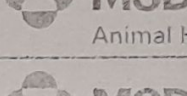
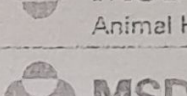
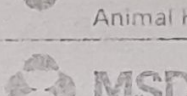
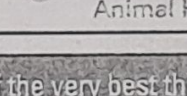
ME

SPECIES	Feline
BREED	DLH
COLOUR	Tabby
SEX	♀
DATE OF BIRTH	
MICROCHIP/TA	992003000356117
FEATURES/MARKS	

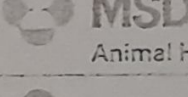
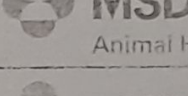
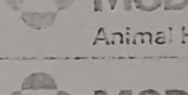
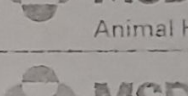
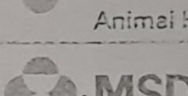
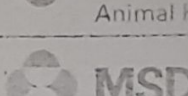
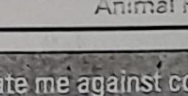
NEXT VACCINATION DUE

DATE	DATE	DATE
16/5/2024		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
19.4.2024	 RABISIN R 924507 Lot/Batch: 02071437C Exp: 04SEP22 E48017 20/01-2025	N.N
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	

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	

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases. My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk. Now it is up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DHPPi (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), Nobivac® Tricat Trio (Reg. No. G3712 Act 36/1947), Nobivac® Rabies (Reg. No. G2207 Act 36/1947), Quantel® Tablets (Reg. No. G2717 Act 36/1947) Contains Praziquantel (isoquinoline) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet. Exitel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. Exitel Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.



I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
Hartz Brodifin			

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

DOCTOR'S NAME

PRACTICE STAMP

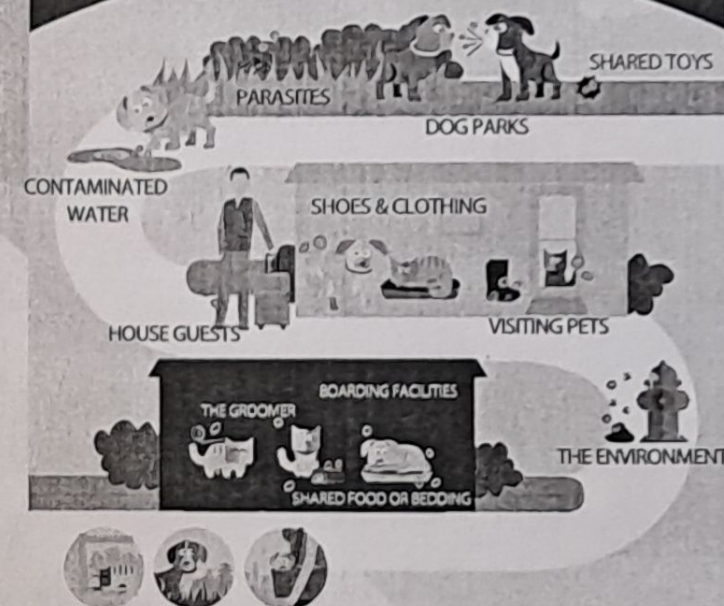


Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za 7A NOV 201000004

VACCINE RECORD CARD

Vaccination protects your pet against

DANGEROUS GERMS
that can be everywhere.



PET'S NAME

Ash.

MY VET

GARDEN ROUTE SPCA
MOSSIEL BAY

18 BILL JEFFERY AVE
KWANONQABA

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

Consulting Hours

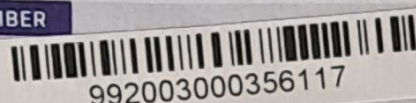
Monday & Wednesday: CLOSED
Tuesday & Thursday: 9:00 to 11:00 and 15:00 to 16:00
Friday - 12:00 to 16:00
Saturday, Sunday & Public Holidays: Closed



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

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000356117

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 *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0823209490

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

E-mail * If possible, please provide a personal email, not a company email.

Title * MRS Initials * M

Surname * ONGLEY

Street 20 PIENAAR

City

Suburb PIENAARSTRAND/BOTHA STRAAT

Area Code GROOTBRAK

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 * 24 - 04 - 2024

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip NDYEBONG NGQELE

PET DETAILS

Pet Name

Date of birth 2024

Species * FELINE

Breed * DLH TABBY

Colour TABBY 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 its office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal information to VIRBAC (Supplier of the Chip), in order for Virbac to lodge the clients personal information on their database for tracking purposes. The client also agrees that where other relevant institutions 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 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

- On-line Log onto www.backhome.co.za. Complete the registration process.
- By fax Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
- By e-mail Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
- By App Download the Virbac Backhome Africa App