ADMISSION NO: MBY 2 521

CONTRACT NO: MBY0066

- [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
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 23/04/2024 @ Mbay SPCA
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000356119

Adoptee INFO:

Name & Surname Eline Nel

Contact INFO: 082 2205586

Completed by: Kay Levers Date: 25/04/24

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

CB6 LOADED

DBV SPCA Garden Route

KENNEL No. CB6 CB5 CB3				ADMISSION No. MBY2521		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 25/03/24			Time in	09:40	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	X Yes / No	Lost & Found Date checked	25/03/24
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	25/03/24	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	(Cat)	Other species (Specify)		
Breed	DSH		Colour and Markings	Ginger
Condition	Fair		Sex ♂	Age ± 1 month
Temperament	Friendly		Sterilisation details No	Name
Coat Short	Tail long	Teeth Condition Fair	Ears up	Size Small
Area found / collected from	Brought to SPCA			Date 25/03/24
Reason for surrender	Can't afford.			

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	Maxwell Possel		
Residential Address	Lavendal 3920				
	Greenhaven				
Postal Address	Groaibrak				
Tel (H) N/A	Tel (W) N/A	Cell 072 582 6803			
Email	N/A				
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A	

PLEASE INSIST ON A RECEIPT

Case Recorded: OB No: N/A Case No: N/A Inspector: KURT

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 Refer to MBY1761	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: _____

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL/CAGE #	C1	DATE	
CARD #	MBY2521	BREED	
COLOUR		STRAY/SURRENDER	
ANIMAL NAME		MALE/FEMALE	
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	

GENERAL HEALTH CHECK

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

Behaviour ?

ADMISSION No. **MBY0066**
TOELATINGSNR.

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip a	992003000356119		

This animal h… 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 … by the Society.
13. I undertake to ensure that the animal ha… ation at all times, either in form of a microchip or a coll… - only **elasticated or quick release collars** may be use…
14. My property is adequately endo… o time shall I knowingly allow my dog to roam the str…
15. I will notify the Society wit… ght (48) hours should the animal die or go missing.
16. I know and understa… by-Laws pertaining to animals" of the Municipality in wh… ide.
17. I will permit an… sed officer of Society to visit my premises from time to time … assured that the animal is being treated in accordan… n this Policy, and I will allow the Society to repossess the an… r in the Society's opinion, the terms of this policy are not beln… asonably adhered to.
18. I w… ot use or allow the animal to be used as a watchdog on any …dustrial 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. Elenaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

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): Eline Nel

HOME ADDRESS
WOONADRES: A. Africana Str 12, Danabaai

ID/PASSPORT No.:
ID/PASPOORT Nr.: 530323 0029 087

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

(B):
(W):

CELL No:
SELFOON Nr: 082 220 5586

FAX No:
FAKS Nr:

E-MAIL:
E-POS. NelEliner2023@outlook.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION: 750
DONASIE:

KWITANSIE Nr MBY 3360
RECEIPT No.

VEHICLE REG No.
VOERTUIG REG Nr. CBS 65147

VEHICLE MAKE: VW Golf 7
VOERTUIG MAAK:

COLOUR: Wit
KLEUR:

SIGNATURE
HANDTEKENING: Enel

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING.

DATE / DATUM: 25/04/24

Bobby
C1
MBY. 2521

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): Eline Nel

HOME ADDRESS: A. AFRICANASTR. 12, DANABAAI

ID NO.: 530323 0029 087

POSTAL ADDRESS:

TEL NO (H): 044-698-1581 (B):

CELL NO: 082 220 5586 FAX NO:

EMAIL: NelEline-2023@outlook.com

Address where animal will be kept: AFRICANA 12, DANABAAI

Occupation: PENSIONER

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

YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: Cat LOVER; AND FOR COMPANY

YES/NO

Is the animal for yourself?

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

What breed of ... are you interested in? DSH

Can you ...e fees? YES Who is your vet? DANABAAI VET

H... ...imals live on the property? DOGS? CATS? OTHERS

...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? CATS? OTHER?

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

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

Full description of the fencing and gate: Height:

What shelter is provided: OUTDOORS KENNEL OTHER

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

Pre Home Inspection Fee: R100.00. Receipt No: MBY. 3324

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 Eldel **Date of application** 11/04/2025

Section 4-12a

OC DBV SPCA ADOPTION No ADMISSIO

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO DATE UNDERTAKEN: 12/04/24. TIME: 19H10.

NAME OF APPLICANT: Eline Nel.

ADDRESS: A. Africana Str. 12. Danabaai

HOME TEL No: 044 698 1581. CELL No: 0822205586

ANIMAL(S) ADOPTING: Ginger. Kitten.

SEX: ♂ AGE: 1 month.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: wall + Pallisaeles		Height of fence: 5 feet.	
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?	0.

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	–				
SEX	—				
AGE	–				
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Good people. House is very pet friendly.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Hembo. **SPCA:** Mossell **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000356119

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. * 0822205586 Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * NelEliner2023@outlook.com If possible, please provide a personal email, not a company email.

Title * MRS Initials * E. Surname * NEL

Street 12 A.AFRICANA City

Suburb Area Code DANABAY

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date * 25-04-2024

Date of Implant * 24-04-2024

Was the Microchip implanted by this veterinary practice? X Yes No

Name of Vet who implanted the Chip NDYEBO NGQELE

PET DETAILS

Pet Name BOAI Date of birth 2024 Y Y Y Y M M D D

Species * FELINE Breed * DSH

Colour GINGER Markings

Gender X Male Female Sterilised X 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, client consents to its personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE X Enel

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
4. By App	Download the Virbac Backhome Africa App

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0066 DATE: _____

between Mosselbaai SPCA

and

Name Eline Nel

Address A. Africanastraat 12, Danabaai

Telephone Numbers (H) (B) 082 220 5586

to have vaccinated against rabies **within one (1) month of the adoption/due date** (delete whichever is not applicable):

Animal's Name Bodi Sex Male Age 8 weeks

Description DSH Ginger

On (due date) Adoption Form No. MBY 0066

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 the vaccination without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred and the owner is obligated to provide the Society with proof of the vaccination within one (1) month of the date of adoption.
2. If the animal is not vaccinated on the due date mentioned above, the Society **reserves the right to repossess** 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 repossess and/or inspect the animal.
3. This animal cannot be passed on to a new owner. Refer to Adoption Contract.
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 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: Eloel For SPCA: _____

CONFIRMATION OF RABIES VACCINATION:

Vet: _____ Signed: _____

Date: _____

Mossel Bay

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

SOUTH AFRICA
Permit Mail
P4010395

REKENINGNOMMER: 86-005971-007-3

DATUM VAN REKENING: 25/03/2024

LAASTE KWITANSIE DATUM: 24/03/2024

VOORAFBETAALDE METERNOMMER: 04192106633

Naam:
NEL E
Liggingsadres:
12 A AFRICANASTRAAT DANABAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	800.00	ERF NOMMER:	5971000	TOTALE WAARDASIE:	1575000	WYK No:	11

DATUM		BESONDERHEDE LESINGDATUM: 07/03/24					BEDRAG
		BALANS OORGEBRING					1719.35
20/03/2024	0419210663	ELEKTRISITEIT 22/09/2023-15/12/2023					434.40 *
		BASIES				377.74	
		VAT/BTW				56.66	
20/03/2024	AMR1210819	WATER 06/02/2024-07/03/2024					279.77 *
		166 - 174 (8 Kl 30 Dae)					
		BASIES				224.17	
		07/23	5.92 @	0.000	=	0.00	
			2.08 @	9.186	=	19.11	
		VAT/BTW				36.49	
20/03/2024	400011	RIOOL					316.44 *
20/03/2024	300011	VULLIS					274.89 *
20/03/2024		BELASTING PAAIEMENT					439.22
		KWITANSIES					1720.00 -
		Balans Oorgedra					0.07 -
		BTW OP '*' ITEMS: 170.27 ACB TOT: 0.00					

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	1744.07	1744.00

BETALINGS MOET OP OF VOOR DIE VERVALDATUM GEMAAK WORD	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/04/2024	1744.00

VAT No. / BTW Nr. 4630118370

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.: 860059710073

EasyPay >>>>>915268600597100736

11379 860059710073

Message / Boodskap

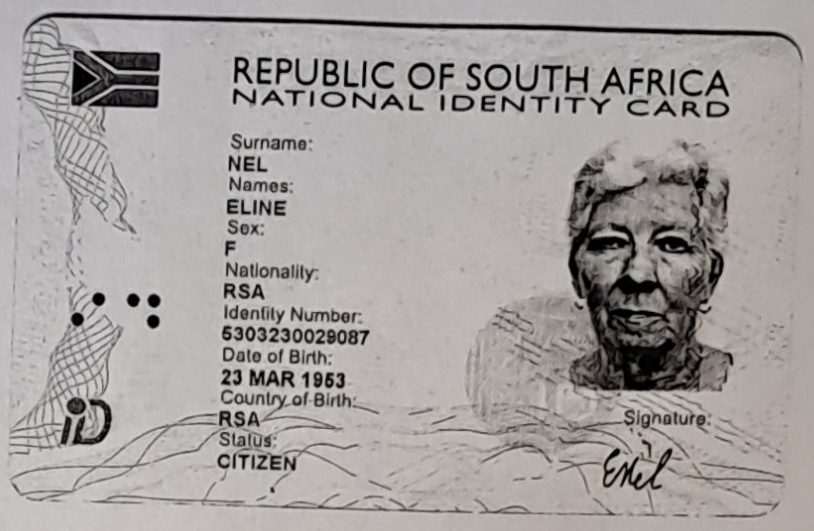
Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary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

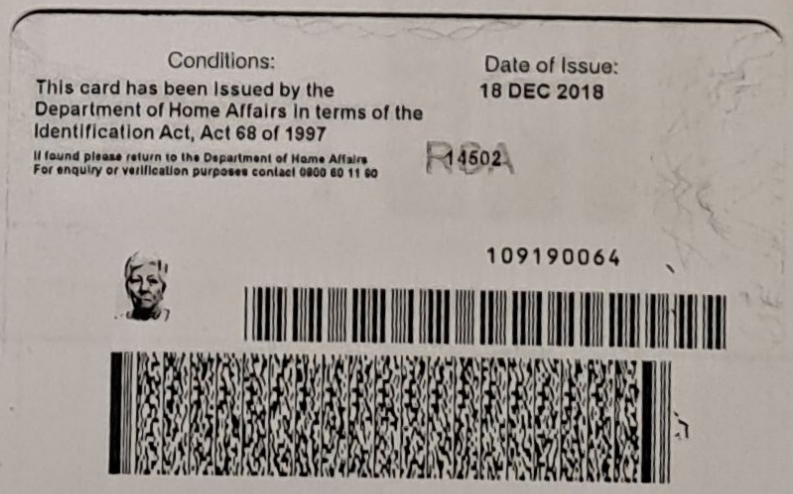
Mossel Bay MUNICIPALITY

NEL E
POSBUS 10581
DANABAAI
6510

860059710073

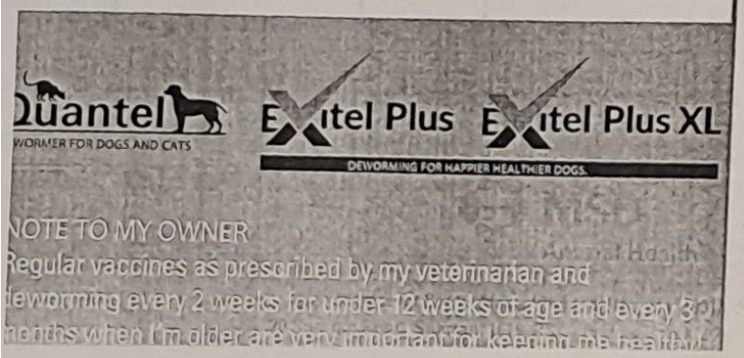
Fold and tear on perforation.


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
NEL
Names:
ELINE
Sex:
F
Nationality:
RSA
Identity Number:
5303230029087
Date of Birth:
23 MAR 1953
Country of Birth:
RSA
Status:
CITIZEN
Signature:
Ethel


Conditions:
This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997
If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 60
Date of Issue:
18 DEC 2018
RSA
14502
109190064

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
9.4.24	Bragitine		
4.4.24	Mypet		



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 23/04/2023

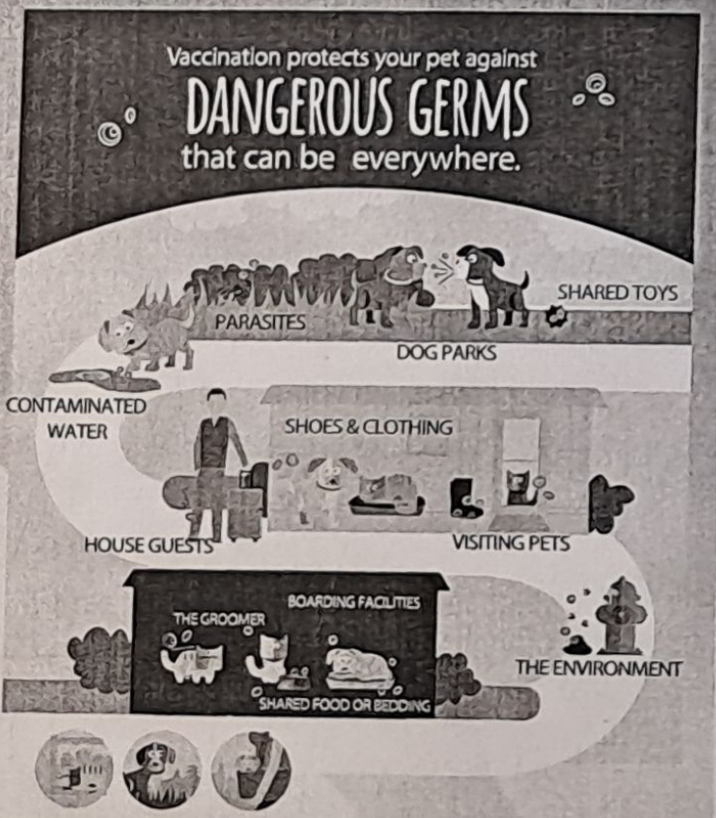
DOCTOR'S NAME Dr. A.S. Muller.

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

VACCINE RECORD CARD



PET'S NAME Bodi

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	Eline Nel
POSTAL ADDRESS	
STREET ADDRESS	A. Africana str. 12
	Dana baai
HOME PHONE	
WORK PHONE	
CELLPHONE	082 320 5586
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	Ginger.
SEX	Male
DATE OF BIRTH	
MICROCHIP/T	992003000356119
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
21/4/24		
23.5.24 Rabies only		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
28/3/24	RABISIN R 924507 Lot/Batch: E48017 Ut. av./Exp.: 28/01-2025	8Ball Dun
24.4.24		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	

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	

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!