ADOPTION CHECKLIST

ADMISSION NO: MBY 2362

CONTRACT NO: MBY 0054

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [ ] Copy of Identity Document or Driver's License
- [ ] Proof of Residence
- [ ] Letter from Body Corporate

Adoptee INFO:

Name & Surname: Nadine De Wet

Contact INFO: 072 7885127

- [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: 992003000356116

Completed by: Kay Ievers 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.

13:00 # 16:20
13:20 - onwards

Section 4-12a

DBV SPCA

OC ADOPTION No

ADMISSIO

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN: 10-4-24 TIME: 13:15

NAME OF APPLICANT: Nadine de Wet

ADDRESS: 84 E Klipper str. Mosselbaai.

HOME TEL No: CELL No: 0727885127

ANIMAL(S) ADOPTING: Cat grey + white

SEX: Male AGE: 6 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Wall		Height of fence: 2m	
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
Approved

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Luciano Bay SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
DE WET
Names:
NADINE LINDA
Sex:
F
Nationality:
RSA
Identity Number:
8609100064088
Date of Birth:
10 SEP 1986
Country of Birth:
RSA
Status:
CITIZEN
Signature:


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 90
Date of Issue:
19 JAN 2022
80103
123350894

FOR ATTENTION: Mrs N De Wet
84 Klipper Road
Mossel Bay Central
Western Cape
6500

14 February 2024
Policy number: OT63045686

Dear Mrs De Wet,

The requested changes to your cover have been implemented successfully.
Please see your updated schedule attached. This schedule replaces all prior schedules you've received from us. Please take a few minutes to read your schedule documentation to ensure all the information is correct. Kindly let us know of any errors as soon as possible so that we can update your schedule.

Don't miss OUT on these awesome digital features
By downloading the OUTsurance App or registering on MyOUTsurance client portal, you can simplify how you do insurance, making it easier and so much more rewarding.

- **View your insured items** or keep track of your OUTbonus.
- **Make changes digitally** including updating your personal details, contact details, start date, and policy information. You can even scan your licence disc to automatically update your vehicle details.
- **Get easy access to documents** such as your confirmation of cover, policy schedule, or the info@OUT document that details everything you need to know about getting the most out of your insurance.
- **Submit and track your claim digitally**, without needing to speak to a claims advisor.
- **Expand your insurance portfolio** by adding new OUT-and-About (portable) items or completing a quote for life insurance, funeral cover, or pet insurance.

Here's how you could get even more OUT

- **Get 10% off your car insurance premium** by joining SmartDrive (app only); or get a once-off R1000 discount on your premium by successfully referring friends or family via our app, website or portal
- **Get 24/7 Help@OUT** emergency home and roadside assistance (not available for Essential cover) as well as **24/7 medical or armed response** upon sign-up with Panic Assistance.

You're most welcome to contact us on **08 600 70 000** if you need any additional information. Please refer to our website (www.outsurance.co.za) for our updated office hours. You can also request a call back using the OUTsurance app, the self-service portal, or our website and we'll get back to you as soon as possible.

Kind regards,
The OUTsurance team

OUTsurance Insurance Company Limited. Reg. No. 1994/010719/06. A Licensed Non-life Insurer and Financial Services Provider
Directors: HL Bosman *(Chairman)*, K Pillay *(Lead Independent)*, *Independent:* B Hanise, ET Moabi, GL Marx, JA Teeger, JE van Heerden, MM Mahlare, M Morobe, RSM Ndlovu, SV Naidoo, *Non-executive:* A Kekana, JJ Durand, *Executive:* MC Visser *(Group CEO)*, DH Matthee *(CEO)*, *Alternates:* F Knoetze, UH Lucht
Company Secretary: ZM Waterston

MY OWNER

NAME: Nadine De Wet

POSTAL ADDRESS:

STREET ADDRESS: 84 Klipper street

Mosselbay

HOME PHONE:

WORK PHONE:

CELLPHONE: 072 7885127

BREEDER DETAILS:

ME

SPECIES: Feline

BREED: Grey + White DSH

COLOUR: Grey + white

SEX: Male

DATE OF BIRTH:

MICROCHIP/TATT: 992003000356116

FEATURES/MARKS:

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
8/4/24	352806 R1 Batch: 020714370 Manf.: 04SEP22 Exp.: 04MAR24	
24.4.24	352806 R1 Batch: 020714370 Manf.: 04SEP22 Exp.: 04MAR24 + 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

NEXT VACCINATION DUE

DATE	DATE	DATE
29/4/24		
23.5.2024 rabies only		

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

Nobivac® DHPPi (Reg. No. G2377 Act36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947). **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947), **Quantel® Tablets** (Reg. No. G2717 (Act 36/1947) Contains Praziquantel (isoquinoline) 50 mg/tablet and Fenbendazole (benzimdazole) 500 mg/tablet. **Exitel Plus** (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent 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
3.4.24	Broadline		
4.4.24	M. Ipro		

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 23/04/2024

DOCTOR'S NAME A.A.S. Nel

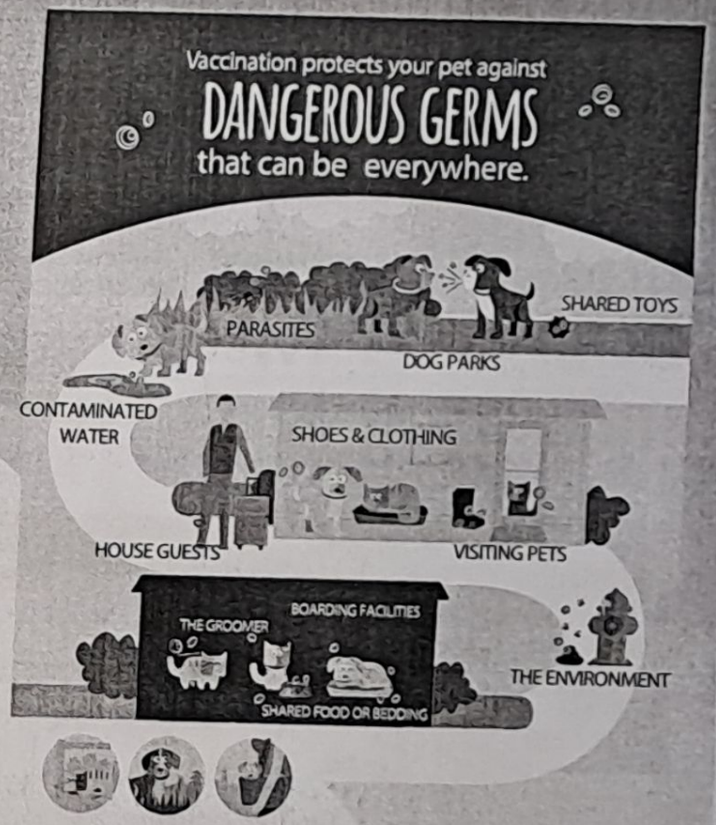
GARDEN ROUTE SP
PO.BOX 258
GEORGE 653
TEL: 044 693 0824 / 072 281 1

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

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

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000356116

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. * 0727885127

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

E-mail * n.dewet86@gmail.com

If possible, please provide a personal email, not a company email.

Title * MS

Initials * BN

Surname * DE WET

Street 84 KLIPPER

City

Suburb

Area Code MOSSELBAY

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? X Yes No

Name of Vet who implanted the Chip NOYEBO NGQELE

PET DETAILS

Pet Name REX

Date of birth 2024 M M D D

Species * FELINE

Breed * DSH

Colour GREY + WHITE

Markings

Gender V 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 hereby consents to its personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____

REGISTRATION PROCESS – Please use one of the following option to register on the backhome database

On-line	Log onto www.backhome.co.za. Complete the registration process.
fax	Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
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

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL /CAGE #	CBS	DATE	
CARD #	MBY 2362	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:			

ADMISSION, ASSESSMENT AND HISTORY RECORD

Lunch.

DBV SPCA
Garden Route

KENNEL No.	CBS GM(B			ADMISSION No.	MBY2362	
Stray	~~Surrender~~	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	11/05/24		Time in	10h10.	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	11/05/24	Microchip or ID Tag number	none	

DESCRIPTION & HISTORY

Dog	Cat ✓	Other species (Specify)	52 km.		
Breed	DHC.		Colour and Markings	Grey. and white	
Condition	Good.		Sex	♂	Age 1 1 M.
Temperament	Friendly		Sterilisation details	No.	Name -
Coat	Short	Tail long	Teeth Condition Good	Ears up.	Size Small.
Area found / collected from	Hoobeks dale.				Date 11/05/24.
Reason for surrender	Mom is sick.				

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	Mo. Ollie		
Residential Address	363 8th Street Hoobeks dale.				
Postal Address					
Tel (H)	Tel (W)	Cell none			
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: no/a Case No: n/a Inspector: Thembe

STATEMENT OF SURRENDER

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

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

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): Ms Nadine De Wet

HOME ADDRESS: 84 Klipper Street ; Mossel Bay

ID NO.: 8609100064088

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 072 788 5127 FAX NO:

EMAIL: n.dewet.86@gmail.com

Address where animal will be kept: Home address

Occupation: HR Officer

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? Any

Can you afford private fees? Yes Who is your vet? Vital Vet

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

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? OTHER?

Which animals do you still have, and what happened to the others? My 2 dogs passed away

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

Full description of the fencing and gate: Wall around property & electric gate Height: High enough

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: 1708

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** 18/03/2024

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Declaration: The above information is true and correct
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SIGNATURE OF APPLICANT **Date of application** 18/03/2024

ADMISSION No.
TOELATINGSNR. MBY0054

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and or	992003000356116		

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. 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): Nadine De Wet

HOME ADDRESS
WOONADRES: 84 Klipper str, Mossel Bay

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8609100064088

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

(B):
(W):

CELL No:
SELFOON Nr: 0727885127

FAX No:
FAKS Nr:

E-MAIL:
E-POS. n.dewet.86@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.

VEHICLE REG No.
VOERTUIG REG Nr. CBS214 91

VEHICLE MAKE:
VOERTUIG MAAK: Suzuki Jimny

COLOUR:
KLEUR: Silver

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING.

DATE / DATUM: 26/04/2024