

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 30 July 2024
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 992003000408415

ADMISSION NO:

MB/2713

CONTRACT NO:

MB-1 0084

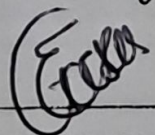
Adoptee INFO:

Name & Surname Menita Havelaar

Contact INFO: 084 423 9778

Completed by: Kay levers

Date: 24/05/2024

Manager: 

Date: 24/05/2024

FUTURE POST HOME INSPECTION (every 6 Months)	
Date of Inspection	Date of Inspection

This checklist must be completed and attached to the front of every adoption that has been processes.
All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

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.
1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.
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.
2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.
3. Any charges endorsed hereon are due and payable on request.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. The Society will not home any animal unsterilised.
4. Die Vereniging sal geen dier plaas wat ongesteëliseer is nie.

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
	No	

Date _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
17/05/2024	Puppy vac + triworm		
	MXt - 31/05/2024		

PTS APPROVAL

NAME

SIGN

ADMISSION, ASSESSMENT AND HISTORY RECORD

LOADED



Garden Route

KENNEL No. <u>CB7</u>				ADMISSION No. <u>MBY2713</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>16/05/24</u>		Time in	<u>10:00</u>	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>16/05/24</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>16/05/24</u>	Microchip or ID Tag number		

DESCRIPTION & HISTORY	<u>Dog</u>	Cat	Other species (Specify)				
	Breed	<u>Dachshund x Jack russel</u>		Colour and Markings	<u>Brown + black</u>		
	Condition	<u>Fair</u>		Sex	<u>♂</u>	Age	<u>7 weeks</u>
	Temperament	<u>Friendly</u>		Sterilisation details	<u>NO</u>	Name	
	Coat <u>Short</u>	Tail <u>long</u>	Teeth Condition <u>Fair</u>	Ears <u>Down</u>	Size	<u>Small</u>	
	Area found / collected from <u>Brought in to SPCA</u>					Date	<u>16/05/24</u>
	Reason for surrender <u>Unwanted puppies</u>						

ASSESSMENT		Surrendered by ☒ Name <u>Berette Pieters</u>	
GOOD WITH: Yes No		Found by ☒ Name <u>Berette Pieters</u>	
Children	☐	Residential Address <u>24 Grata Street</u>	
Cats	☐	<u>Danabari</u>	
Other Dogs	☐	Postal Address <u>N/A</u>	
Livestock/Other	☐	Tel (H) <u>N/A</u> Tel (W) <u>N/A</u> Cell <u>073504 6386</u>	
DO THEY: Yes No		Email <u>louvensvenette@gmail.com</u>	
Jump Fences	☐	Donation R <u>N/A</u> Cash ☐ Card ☐ EFT ☐ (Receipt No.) <u>N/A</u>	
Run Away	☐		
COMMENTS:			

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 / DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray and I DO / 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 diere 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 diere hanteer word soos wat die DBV goed ag. Daar word uitdrukklik ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die diere. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. Sien ook die "Voorwaardes" op die agterblad.

Signature <u>Refer to MBY2711</u>	Witness for Society <u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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



ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NODATE UNDERTAKEN: 20/05/24 TIME: 13H40NAME OF APPLICANT: M. HavelaarADDRESS: 32 NOORDSIA STREET
FRAAIUITSIGHOME TEL No: _____ CELL No: 084 423 9778ANIMAL(S) ADOPTING: DACHSHUND CROSS X2SEX: MALE & FEMALE AGE: PUPPIES

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	<u>Wall - ± 16 feet</u>		
Suitable shelter? (i.e. Kennel in protected area)	YES ☐ / NO ☐	Suitability of fence (i.e. small pets can't escape):	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☒
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	If yes, what partitioning?	<u>Gate</u>
Does applicant live at the address?	YES ☒ / NO ☐	Specify:	
		How many animals are on the property?	<u>1</u>

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	<u>1/10</u>				
CONDITION	<u>Good</u>				
WELFARE (good?)	<u>Good</u>				
SEX & AGE	<u>F 1/10</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☒ MEDIUM DOGS☒ SMALL DOGS☐ LARGE DOGSINSPECTED BY: HembaeSPCA: C.R. SPCASIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION No.
TOELATINGSNR.

MBY0084



ADOPTION CONTRACT

UITPLASINGSKONTRAK

Garden Route

DOG / CAT	Breed	Male/Female
Microchip and or ID T.		

992003000408415

This animal has been given to you at the DBV SPCA and we cannot guarantee 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.

- 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.



Garden Route

HOND / KAT	Ras	Manlik/Vroulik
Mikroskyfie en of ID nSkyfie Nummer:		

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 plezier 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 familieledes 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 tuiste 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.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters):

Menita Havelaar

HOME ADDRESS
WOONADRES: 32 Noordsig Str, Freeuitsig

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8101270028085

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

(B):
(W):

CELL No:
SELFOON Nr: 084 423 9778

FAX No:
FAKS Nr:

E-MAIL:
E-POS: menitahavelaar@gmail.com

ADOPTION FEE:
AANEMINGSVOOL: R750

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3436

VEHICLE REG No. CBS 570 77
VOERTUIG REG Nr.

VEHICLE MAKE:
VOERTUIG MAAK: Daiatsu

COLOUR:
KLEUR: Red.

SIGNATURE
HANDTEKENING: [Signature]

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING: [Signature]

DATE / DATUM: 24/05/24

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): M Havelaar

HOME ADDRESS: 32 NOORDSIC STREET

ERAAUITSIC ID NO.: 8101270028085

POSTAL ADDRESS: _____

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

CELL NO: 084 423 9778 FAX NO: _____

EMAIL: MENITAHAVELAAR@GMAIL.COM

Address where animal will be kept: AS ABOVE

Occupation: SPCA INSPECTOR CONTROLLER

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: COMPANIONSHIP

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? SMALL BREED

Can you afford private fees? YES Who is your vet? CROFT

How many animals live on the property? DOGS? _____ CATS? X1 OTHERS _____

What are the sexes of your animals? DOGS: Male _____ Female _____ CAT: Male _____ Female X1

Are all your animals sterilised? Give details YES, OLD DIABETIC CAT

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 1 OTHER? _____

Which animals do you still have, and what happened to the others? X1 CAT / DOGS DIED AD
AGE / CANCER

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

Full description of the fencing and gate: BACK AREA FENCED Height: 2M WALLS
1M GATE

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: 2100.00 Receipt No: MBY3415

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 M Havelaar Date of application 2010/05/24

428

24

MY OWNER

NAME **M. Havelaar**

POSTAL ADDRESS

STREET ADDRESS **32 Noordsig**
Fraaiuitsig

HOME PHONE

WORK PHONE

CELLPHONE **084423 9778**

BREEDER DETAILS

ME

SPECIES **Canine**

BREED **Dachshund x Jor**

COLOUR **Brown + Black**

SEX **Male**

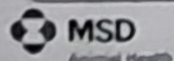
DATE OF BIRTH

MICROCHIP/TAG 
992003000408415

FEATURES/MARKS

NEXT VACCINATION DUE

DATE	DATE	DATE
31/5/24		



Quantel

I WAS VACCINATED ON

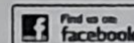
DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/5/24	Nobivac Puppy DP Batch: A193D03 Exp: 11-2024	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	

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.



facebook.com/Bravecto.SA

DATE	PRODUCT	DATE	PRODUCT
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7/5/24 Tr. worm

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

VETERINARIAN'S SIGNATURE _____

DATE _____

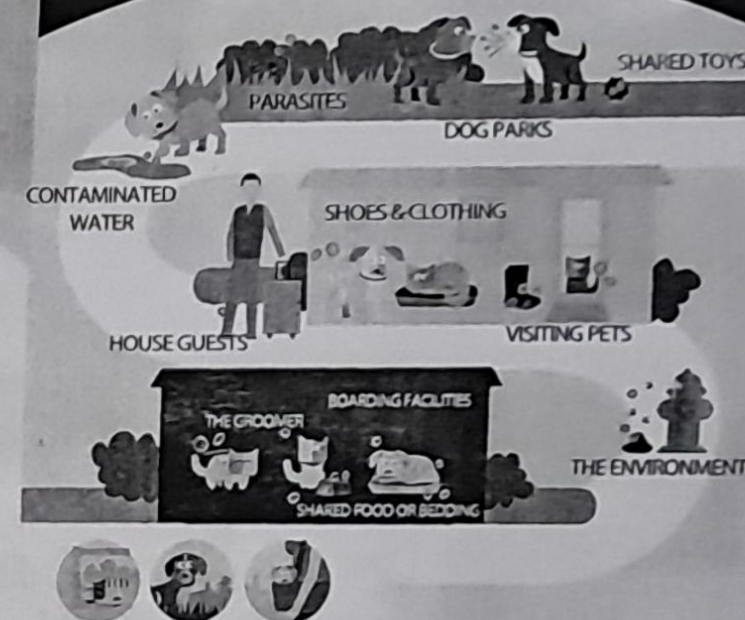
DOCTOR'S NAME _____

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

Vaccination protects your pet against
DANGEROUS GERMS
that can be everywhere.



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

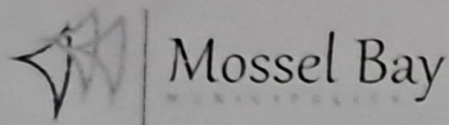
Saturday, Sunday & Public Holidays: Closed



Exitel Plus **Exitel Plus XL**

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!



MOSSSEL BAY MUNICIPALITY
MOSSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSSELBAYI

Bladsy 1 van 1

Vo en skeur af.

Naam:

HAVELAAR M

Liggingsadres:

32 NOORDSIGLAAN FRAALITSIG

BELASTING FAKTUUR MAANDELIKSE REKENING

REKENINGNOMMER: 28-001095-005-4

DATUM VAN REKENING: 23/05/2024

LAASTE KWITANSIE DATUM: 22/05/2024

VOORAFBETAALDE
METERNOMMER: 01310454663

DIENTE DEPOSITO: 1020.00	ERF NOMMER: 1095000	TOTALE WAARDASIE: 0	WYK No.: 4
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DATUM	BESONDERHEDE	LESINGDATUM: 15/04/24	BEDRAG
21/05/2024	0131045466	BALANS OORGEBRING ELEKTRISITEIT 29/03/2024-26/04/2024 BASIES 377.74 VAT/BTW 56.66	1067.67 434.40 *
21/05/2024	CNRP367	WATER 13/03/2024-15/04/2024 2892 - 2907 (15 kl 33 dae) BASIES 224.17 07/23 6.51 @ 0.000 = 0.00 8.49 @ 9.186 = 77.99	347.48 *
21/05/2024	300004	VAT/BTW 45.32 VULLIS 274.89 * KWITANSIES 1067.00 - Balans Oorgedra 0.44 -	
BTW OP ** ITEMS: 137.83		ACB TOT: 0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	1057.44	1057.00

BETAALBAAR OP 18/06/2024	BEDRAG BETAALBAAR 1057.00
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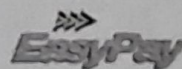
VAT No. / BTW Nr. 4830118370

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

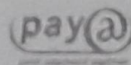
Payment Details / Betalings Besonderhede

Standard Bank PREDEFINED BENEFICIARY.
MOSSSEL BAY MUNICIPALITY

Verwys. Nr.: 280010950054



>>>>>915262800109500540



11379 280010950054



Message / Boodskap

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



Mossel Bay
MUNICIPALITY

HAVELAAR M
POSBUS 789
KLEIN-BRAKRIVIER

6503

280010950054



Fold and tear on perforation.



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
HAVELAAR

Names:
MENITA

Sex:
F

Nationality:
RSA

Identity Number:
8101270028085

Date of Birth:
27 JAN 1991

Country of Birth:
RSA

Status:
CITIZEN

ORGAN
DONOR



Signature



Conditions:

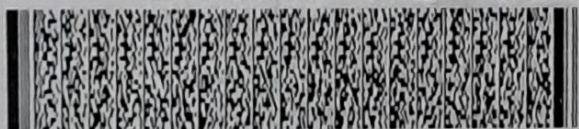
This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
for enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
09 APR 2016

17229

101767555





RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0084

DATE: 24/05/2024

between Mosselbay SPCA
and

Name Menita Havelaar

Address 32 Noordsig Street, Fraaiuitsig

Telephone Numbers (H) 084 423 9778 (B)

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

Animal's Name _____ Sex _____ Age 8 weeks

Description Dachund x Jack russel

On (due date) 30 June Adoption Form No. MBY 0084

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: [Signature] For SPCA: [Signature]

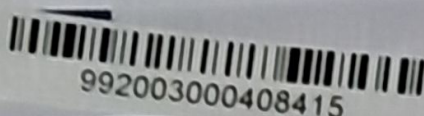
CONFIRMATION OF RABIES VACCINATION:

Vet: _____ Signed: _____

Date: _____

MICROCHIPPED ANIMAL REGISTRATION FORM

MICRO



992003000408415

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 / 13019
Vet Practice Name * SPCA VET ROOM Mosselbaai.
Vet Practice Phone - Daytime * 044 6930824

PET OWNER INFORMATION

Cell No. * 0844239778
E-mail * MENITA HAUUEAAR@gmail.com
Title * MS Initials * M
Street * 32 NOORDSIG
Suburb * FRAAUITSIG
Country * SOUTH AFRICA
Phone - Day time * 0446930824
Surname * HAUUEAAR
City * KLEIN-BRAK
Area Code * 6503
Province * WESTERN CAPE
Phone - Night time * 0844239778

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

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

OTHER CONTACTS

Title * MS Initials * L
Cell No. * 0848449840
Title * MRS Initials * A
Cell No. * 0761302711
Title * MR Initials * A.P
Cell No. * 0827250837
Surname * KRUGER
Surname * HAUUEAAR
Surname * MONAGHAN

CHIP DETAILS

Registration Date * - -
Date of Implant * 24-05-2024
Was the Microchip implanted by this veterinary practice? Yes No
Name of Vet who implanted the Chip * Ndyobongelc

PET DETAILS

Pet Name * CHARLIE
Species * Worsie X.
Colour * BROWN.
Gender * Male X Female
Date of birth *
Breed *
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 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 consent 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

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