ADOPTION CHECKLIST

ADMISSION NO: MBY2677

CONTRACT NO: MBY0095

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [x] Proof of Residence
- [x] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 30/05/2024 Dr. Muller.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000356188

Adoptee INFO:

Name & Surname J. Fry

Contact INFO: 072 803 2824

Completed by: Kay Lewis Date: 31/05/2024.

Manager: [signature] Date: 31/05/2024

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.

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0095 DATE: 31/05/2024

between Mosselbay SPCA

and

Name J. Fry

Address 39 McKinney Str, Heiderand

Telephone Numbers (H) (B) 0728032824

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

Animal's Name Sex Female Age 3 months

Description Black collie x

On (due date) 14/06/2024 Adoption Form No. MBY 0095

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: _____ For SPCA: _____

CONFIRMATION OF RABIES VACCINATION:

Vet: _____ Signed: _____

Date: _____

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000356188

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 mosselbay vetroom.

Vet Practice Phone - Daytime * 044 6930824.

PET OWNER INFORMATION

Cell No. * 0728032824

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

E-mail * jennyfry15@gmail.com

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

Title * MRS

Initials * J

Surname * FRY

Street 34 McKINNERY

City MOSSELBAY

Suburb

Area Code HEIDERAND

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 * 31 - 05 - 2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip Ndyebongqele

PET DETAILS

Pet Name LUNA.

Date of birth 2024 (YYYY MM DD)

Species * DOG

Breed * COLLIE X

Colour BLACK

Markings

Gender Male X 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 X _____

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

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): J. Fry

HOME ADDRESS: 39 McKinnery Street, Heiderand,

Mossel Bay ID NO.: 6809150024089

POSTAL ADDRESS: —

TEL NO (H): — (B): —

CELL NO: 0728032824 FAX NO: —

EMAIL: jennyfry15@gmail.com

Address where animal will be kept: 39 McKinnery St, Heiderand

Occupation: Housewife

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

Are you a student with consent to keep pets: YES/(NO)

Reason for wanting animal: Animal lover

Is the animal for yourself? (YES)/NO

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/(NO)

What breed of dog or cat are you interested in? Dog

Can you afford private fees? Yes Who is your vet? Darabay

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

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

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? 1 - died

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

Full description of the fencing and gate: — Height: —

What shelter is provided: OUTDOORS — KENNEL — OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: MBY3438

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** 25·05·24

ADMISSION No.
TOELATINGSNR. MBY0095

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and	992003000356188		

This animal has 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): J. Fry

HOME ADDRESS
WOONADRES: 39 McKinnery Str., Heideland

ID/PASSPORT No.:
ID/PASPOORT Nr.: 6809150024089

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

(B):
(W):

CELL No:
SELFOON Nr: 072 8032824

FAX No:
FAKS Nr:

E-MAIL:
E-POS. jennyfry15@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3458

VEHICLE REG No.
VOERTUIG REG Nr. CBS 24486

VEHICLE MAKE:
VOERTUIG MAAK: VW Polo 2007

COLOUR:
KLEUR: Blue

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING:

DATE / DATUM: 31.05.2024

One of the Global One money management products or services

Savings Account Statement

CAPITEC

MISS JENNY FRY
39 MCKINNERY STRAAT
MOSSELBAAI
MOSSELBAAI
6506

Capitec Bank
31/05/2024
Branch:
Device: 9003

SkyDR Validate this document using SkyDR

Tax Invoice

VAT Registration Number
4680173723

Capitec Bank Limited
5 Neutron Road
Techno Park
Stellenbosch
7600

From Date:	31/05/2024
To Date:	31/05/2024
Print Date:	31/05/2024

Account Number 1383813785

No transactions for the statement period selected

Transactions not yet processed on your account up to 31/05/2024
There are no Unprocessed Transaction Items

* Transactions before 1 April 2018: amount inclusive of 14% VAT
* Transactions from 1 April 2018: amount inclusive of 15% VAT

Cheques not yet processed on your account up to 31/05/2024
There are no Unprocessed Cheque Items

Available Balance: 333.79

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 31/05/24 TIME: (11) 11:12

NAME OF APPLICANT: J. Fry

ADDRESS: 39 McKinnery Street, Heiderand

HOME TEL No: CELL No: 0728032824

ANIMAL(S) ADOPTING: Dog

SEX: Female Collie X AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Vibrigate 1-1.2metre		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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	X breed				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	female / 2 years	/	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Lovely dog lovely people
Dog is happy swinging tale.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: K Mc **SPCA:** Mossel Bay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

5

MY OWNER

NAME	J. Fry
POSTAL ADDRESS	
STREET ADDRESS	39 McKinnery str
	Heiderand
HOME PHONE	
WORK PHONE	
CELLPHONE	0728032824
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	Lab X
COLOUR	Black
SEX	Female
DATE OF BIRTH	March 24
MICROCHIP/TATT	992003000356188
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
14/6/2024		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
15/4/24	For Animal Use Only VANGUARD® PLUS 5 Reg.No. G2238 (Act 36/1947) Namibia only: V97/24.1/525 NS2 U.S. Veterinary License No. 198 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus 1 Dose Zoetis 635607 25 JUN 24	AWA
20/5/24	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Ut. av./Exp.: Sort: 021317853 Exp: 21FEB25 E48017 28/01-2025	WA
	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!

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 (isoqinoline) 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 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
5/4/24	Milpro		
20/5/24	Milpro		

Quantel

Exitel Plus

Exitel Plus XL

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

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 WP Orell Dun

DATE 30/5/24

DOCTOR'S NAME Dr. S. Miller

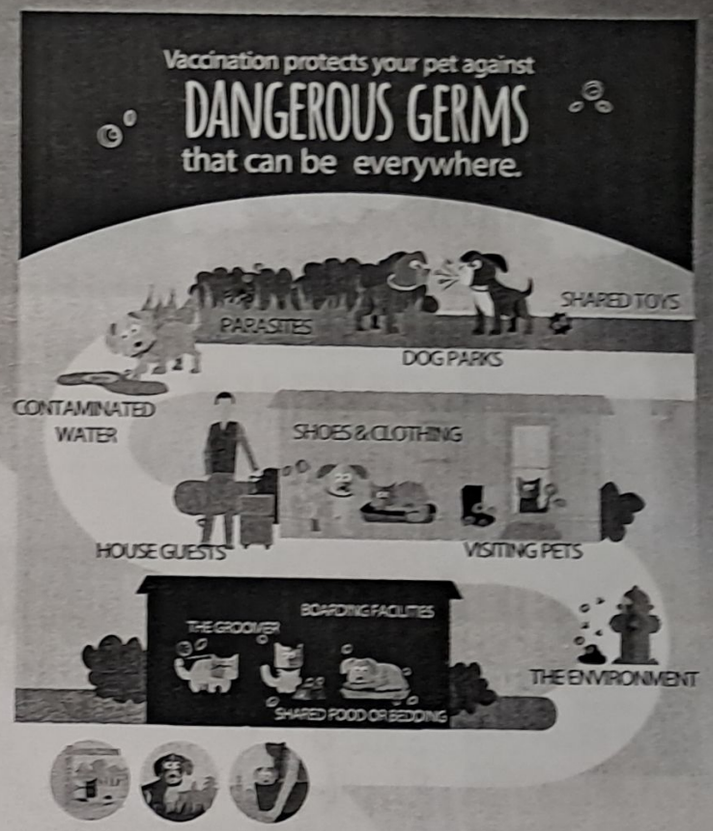
GARDEN ROUTE SPCA
PO.BOX 258
GEORGE 6530
TEL: 044 693 0824 / 072 281 1761

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
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

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

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

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL/CAGE #	K15	DATE	15/4/2014
CARD #	MBY2677	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:		