ADOPTION CHECKLIST

ADMISSION NO: MBY2679

CONTRACT NO: MBY0094

- [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 28/05/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000408411

Adoptee INFO:

Name & Surname Ilana Baxter

Contact INFO: 0826833077

Completed by: Kay Levers Date: 30/05/2024

Manager: Date: 30/05/2024

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

LOADED

KENNEL No. ~~CB2~~ C2				ADMISSION No. MBY2679		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	11/04/24		Time in	09:29	Date for release	

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

DESCRIPTION & HISTORY

Dog	(Cat)	Other species (Specify)		
Breed	DLH		Colour and Markings Black	
Condition	Fair		Sex ♀	Age 8 weeks
Temperament	fair		Sterilisation details No	Name
Coat Long	Tail long	Teeth Condition Fair	Ears Up	Size Small
Area found / collected from Danabay				Date 11/04/2024
Reason for surrender Unwanted				

ASSESSMENT

GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	**Yes**	**No**
Jump Fences		
Run Away		

COMMENTS:

Surrendered by	X	Name	E. Lategan		
Found by					
Residential Address	10 E. Conica Str. Danabay				
Postal Address	N/A				
Tel (H) N/A	Tel (W) N/A	Cell 0725795024			
Email	N/A				
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A	

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 / 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 MBY 1930	Witness for Society

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If, in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

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. 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. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteriliseer 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 / No	Microchip / ID tag details

Date _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
19/4/2024	M/pvo + rabies		
	NEXT - 16/5/2024		
	Broadline		
20/5/2024	M/pvo + rabies		
	Next - May 2025		
18/5/24	~~Spay~~ Castration, Duplo +		
	Petcare Vax rabies		

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL/CAGE #	CB2	DATE	
CARD #	MBY2679	BREED	
COLOUR	Black	STRAY/SURRENDER	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:			

FOR MOSSEL BAY SPCA

NSPCA Operations Manual 2020

Section 4-5B: Page 1

IGER 13553

ADMISSION NO M/Bay

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 28/5/24 TIME: 11:30

NAME OF APPLICANT: Mev Ilana Baxter

ADDRESS: 15 Anland Road, George 6529

Bo-dorp.

HOME TEL No: 082 683 3077 CELL No: 082 683 3077

ANIMAL(S) ADOPTING: 1x Cat

SEX: F AGE: 3 months.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: ± 2mtr, Pecan + Beer Bottle		Suitability of fence (i.e. small pets can't escape): Yes	
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?	Gate
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☐	Specify:	N/A
Does applicant live at the address?	YES ☐ / NO ☐	How many animals are on the property?	5

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	DSH x 2	Bauer	Wirehair	Pekangese	
CONDITION	good	Good	good	good	
WELFARE (good?)	Good	Good.	Good	Good	
SEX & AGE	F+M 12yrs	F 13yrs	M 17yrs	M 10yrs.	1
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Very nice people, large property, all animals in good condition

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☐ CATS
- ☐ SMALL DOGS
- ☐ MEDIUM DOGS
- ☐ LARGE DOGS

INSPECTED BY: Gerda SPCA: George SIGNATURE: G Greenwood

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

Quantel — DEWORMER FOR DOGS AND CATS

Exitel Plus · Exitel Plus XL — DEWORMING FOR HAPPIER HEALTHIER DOGS

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!

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

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

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE [illegible]

DATE 28/5/24

DOCTOR'S NAME Dr. S. Muller

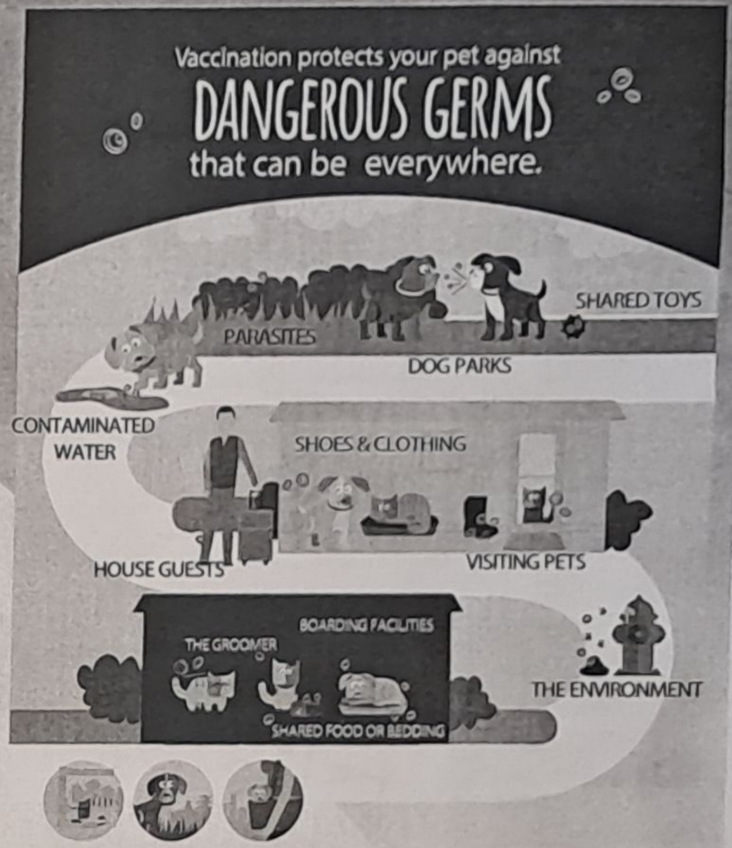
GARDEN ROUTE SPCA
PO.BOX 258
GEORGE 6530
TEL: 044 693 0824 / 072 281 1761

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
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

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

MY OWNER

NAME: Ilana Baxter

POSTAL ADDRESS:

STREET ADDRESS: 15 Anlan Rd

George

HOME PHONE:

WORK PHONE:

CELLPHONE: 0826833077

BREEDER DETAILS:

ME

SPECIES: Feline

BREED: DLH

COLOUR: Black

SEX: ~~Female~~ Male

DATE OF BIRTH: April 2024

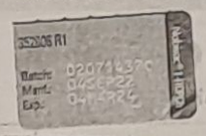
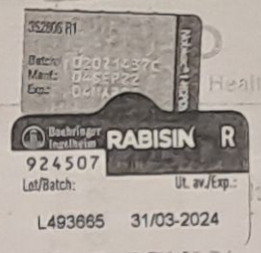
MICROCHIP: 992003000408411

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
28/6/24		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
19/4/24		
20/5/24		
28/5/24		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

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.

MSD Animal Health

Find us on facebook.

Nobivac Quantel Exitel Plus Exitel Plus XL

MVL1

MVL1CC(2)(2008/02)

Republic of South Africa

MOTOR VEHICLE LICENCE
AND LICENCE DISC
(National Road Traffic Act, 1996)

Republiek van Suid-Afrika

MOTORVOERTUIGLISENSIE
EN LISENSIESKYF
(Nasionale Padverkeerswet, 1996)

DJ BAXTER
15 ANLAND STREET
CHAUFERSDRIFT

GEORGE

6529

Vehicle register number	CZH919W	Voertuigregisternommer
Licence number	CAW19197	**Lisensienommer**
Vehicle identification number (VIN)	JMY0NV260XJ000207	Voertuigidentifikasienommer (VIN
Engine number	4M40CQ7982	Enjinnommer
Make	MITSUBISHI	Fabrikaat
Series name	PAJERO	Reeksnaam
Vehicle category	Light passenger mv(less than 12 persons)	Voertuigkategorie
Driven	Self-propelled / Selfgedrewe	Aandrywing
Vehicle description	Station wagon / Stasiewa	Voertuigbeskrywing
Tare (T): kg/Roadworthy Test Date	1830 / 2015-07-08	Tarra (T): kg/Padwaardigheidtoetsdatum
National Vehicle Classification (NVC)	B116M1116050001800200200902802222	Nasionale Voertuigklassifikasie (NVK
Registering authority	George	Registrasie-owerheid
Control number	10330046P9B7	Beheernommer
Date of expiry	2024-08-31	Vervaldatum
RECEIPT		**KWITANSIE**
Receipt number		Kwitansienommer
Transaction	Licensing S 2.2 / Lisensiering S 2.2	Transaksie
Debt paid	R0.00	Skuld betaal
Fee paid	R0.00	Fooi betaal
Transaction fee paid	R0.00	Transaksie fooi betaal
Total amount paid	R0.00	Totale bedrag betaal
Date	2023-09-27	Datum
Received by	DW MICHEALS	Ontvang deur
Method of payment	Cash / Kontant	Metode van betaling
Number		Nommer

INSTRUCTIONS

1. Cut out disc and affix to the lower left-hand corner on the inside of windscreen or disc holder as per Regulation 36.

2. Retain the motor vehicle licence/receipt in a safe place.

AANWYSINGS

1. Knip die skyfie uit en bevestig binnekant aan die linker onderkan van die windskerm of skyfiehoue soos per Regulasie 36.

2. Bewaar die motorvoertuig lisensie/kwitansie op 'n veilige plek.

1033

2023-09-27 13:26:20

BU 1009041
Z 579

ISSUED WITHOUT ANY ALTERATIONS OR ERASURES

UITGEREIK SONDER ENIGE VERANDERINGS OF UITVEGRINGS

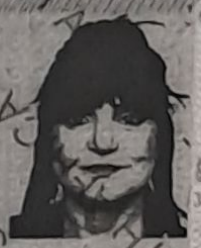
SADC

ZA

SOUTH AFRICA

DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO

AF BAXTER



ID No.: 02/7404230178086 FEMALE

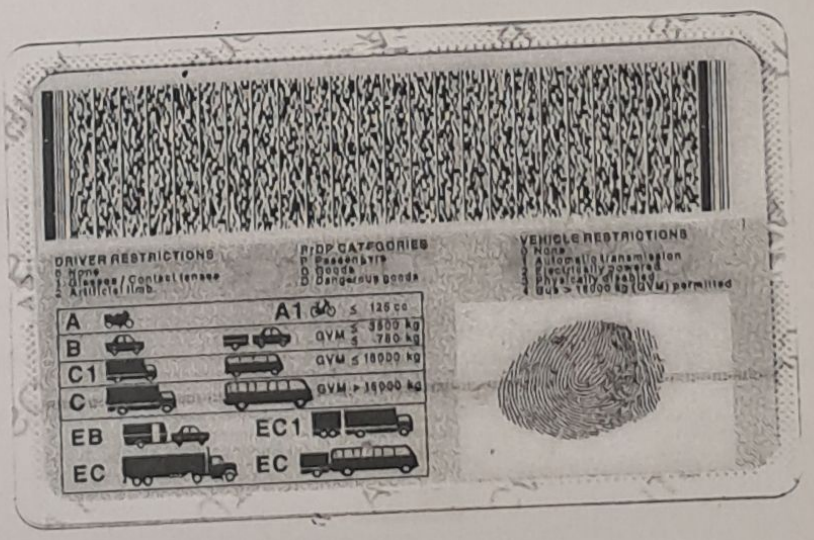
Birth/Gebooria: 23/04/1974 ZA Restr./Beperku 0

Lic. No./Lisensienr.: 601000021CH1 No.: 1

Valid/Geldig: 07/04/2024 - 06/04/2029

Issued/Uitgereik: ZA

Code/Kode	A	EB
Veh. restr./Voertuigbeperking	0	0
First issue/Eerste uitreiking	15/10/1998	15/10/1998



ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and or ID Ta		992003000408411	

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.

ADMISSION No. TOELATINGSNR. MBY0094

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 versèker 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): Ilana Baxter

HOME ADDRESS
WOONADRES: 15 Anland Road, George

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7404230178086

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

(B):
(W):

CELL No:
SELFOON Nr: 082 6833077

FAX No:
FAKS Nr:

E-MAIL:
E-POS. baxteriilana3@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.

VEHICLE REG No.
VOERTUIG REG Nr. CAN 19197

VEHICLE MAKE:
VOERTUIG MAAK:

COLOUR:
KLEUR:

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING.

DATE / DATUM:

Black DLH c3

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): Mev. Ilana Baxter

HOME ADDRESS: 15 Anland rd George 6529

ID NO.: 7404 23 0178086

POSTAL ADDRESS: 15 Anland rd George

TEL NO (H): (B):

CELL NO: 0826833077 FAX NO:

EMAIL: baxter.ilana3@gmail.com

Address where animal will be kept: 15 Anland road George

Occupation: Self employed

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

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

Reason for wanting animal: Pet for my daughter

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? Black longhair - Luna

Can you afford private fees? Yes Who is your vet? Vetcare or Ruth.

How many animals live on the property? DOGS? 3 CATS? 2 OTHERS

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

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? 3 Dogs 2 cats 1 passed from old age

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

Full description of the fencing and gate: Brick wall, palisade Height: 5ft

What shelter is provided: OUTDOORS indoors 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 Receipt No: 3434

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** 24 May. 2024

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICRO CHIP NUMBER

992003000408411

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 * FR14 | 13019.

Vet Practice Name * SPCA VET Room Mosselbay.

Vet Practice Phone - Daytime * 044 6930824.

PET OWNER INFORMATION

Cell No. * 0826833077

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

E-mail * baxteriilana3@gmail.com

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

Title * Mc

Initials * I.Lana.

Surname * BAXTER.

Street 15 Awland Road

City George.

Suburb

Area Code

Country

Province Wcape.

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 * 30 - 05 - 2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip NdyebaNgqele

PET DETAILS

Pet Name

Date of birth 2024 M M D D

Species * FELINE

Breed * DLH

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 _____

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