

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



Copy of Vaccination Record/ Certificate



Microchip



Microchip Registration- chip number 992003000356206

ADMISSION NO:

MBY 2992

CONTRACT NO:

MBY 0114

Adoptee INFO:

Name & Surname Meu. C.L. Young

Contact INFO: 062 989 7960

Completed by: *[Signature]* Kay Lewis

Date: 21/06/2024

Manager: *[Signature]*

Date: 21/06/2024

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



Garden Route

KENNEL No. N/BA. CB6		ADMISSION No. MBY2992				
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	15/06/24		Time in	09:30	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked ☒ Yes ☐ No	Lost & Found Date checked 15/06/24
Microchip/Collar or ID tag found ☒	Yes ☐ No ☒	Date scanned or checked 15/06/24	Microchip or ID Tag number	

DESCRIPTION & HISTORY	<u>Dog</u>	Cat	Other species (Specify)		
	Breed	Dachund x JR		Colour and Markings	Brown
	Condition	Fair		Sex	Male
	Temperament	Good.		Sterilisation details	NO
	Coat Short	Tail long	Teeth Condition Good	Ears Down	Size Small
	Area found / collected from Brought in to SPCA				Date 15/06/24
	Reason for surrender Can not keep dog due to circumstances.				

ASSESSMENT		Surrendered by ☒ Name Wilus Smit.		
GOOD WITH: Yes No		Found by		
Children	☐	Residential Address 66 Blambosch Heiderand.		
Cats	☐	Postal Address N/A		
Other Dogs	☐	Tel (H) N/A Tel (W) N/A Cell 0694062093		
Livestock/Other	☐	Email N/A		
DO THEY: Yes No	Donation R N/A Cash Card EFT (Receipt No.) N/A			
Jump Fences	☐			
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 reverse side."**

Hiermee verklaar ek dat ek 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 uitdrukk ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, téenoor 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 first Applicant	Details of second Applicant
Details of third Applicant	

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

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 ongesteiriliseer 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

PTS APPROVAL

NAME

SIGN

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000356206.

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 062 9897960

E-mail * cheriseyoung@yahoo.com

Title * MRS

Initials * C.L.

Street Plot 154

Suburb

Country

Phone - Day 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 * 13 - 06 - 2024

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip NOYEBO NGRELE

PET DETAILS

Pet Name Olive

Species * Dog

Colour BROWN

Gender ☒ Male ☐ Female

Date of birth 2024

Breed * DACHSHUND X

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

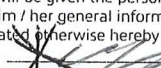
Medical Conditions

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 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 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
2. By fax
3. By e-mail

Log onto www.backhome.co.za. Complete the registration process.

Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364

Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

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.

Surname * YOUNG

City

Area Code BRANDWAG

Province

Phone - Night time

**STERILISATION CONTRACT****PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT**CONTRACT No. MBY 0114DATE: 21/06/2024between Mosselbay SPCA
andName Mrs C. YoungAddress Plot 154, BrandwagTelephone Numbers: (H) _____ (B) 062 989 7960

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name _____ Sex Male Age 3 months

Description _____

On (due date) End August Adoption Form No. MBY 0114on 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 this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society **reserves the right to confiscate** 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 remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
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 the 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 STERILISATION:**

Vet: _____ Signed: _____

Date: _____



RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0114

DATE: 21/06/2024

between Mosselbay SPCA

and

Name Mrs C.L. Young

Address Plot 154, Brandwag

Telephone Numbers (H) (B) 062 9897960

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

Animal's Name _____ Sex Male Age 12 weeks

Description: _____

On (due date) July 2024 Adoption Form No. MBY 0114

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: _____

DECLARATION

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): Mrs: CL Young

HOME ADDRESS: 154 Pbt Brandway Mossel Bay.

_____ ID NO.: _____

POSTAL ADDRESS: same

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

CELL NO: 062 989 7960 FAX NO: _____

EMAIL: Cheriseyoung@yahoo.com

Address where animal will be kept: Same as above.

Occupation: Manager

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

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

Reason for wanting animal: Friend.

Is the animal for yourself? yes. 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? _____ Who is your vet? _____

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 Not yet.

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? _____

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

Full description of the fencing and gate: _____ Height: 4 foot

What shelter is provided: OUTDOORS Stays inside. | play outside. KENNEL _____ OTHER _____

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

Pre Home Inspection Fee: R100 Receipt No: 3494

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 [Signature] Date of application 15/06/24

ADMISSION No. TOELATINGSNR.

MBY0114



ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male / Female
Microchip and or ID Tag Number: 992003000356206		

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.

- 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.

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

HOME ADDRESS
WOONADRES: 154 Plot 1 Brandweg

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

CELL No:
SELFOON Nr: 062 98 97960

E-MAIL:
E-POS: cheryse.young@yahoo.com

ADOPTION FEE:
AANEMINGSVOOL: R150

VEHICLE REG No.
VOERTUIG REG NR: CBS12248

SIGNATURE
HANDTEKENING:

DATE / DATUM: 21/06/2024



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 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 versum het.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieledede 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 kliënt 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 verwaarloosing 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.

Mev. C. L. Young

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

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE:

VEHICLE MAKE:
VOERTUIG MAAK: Nissan

COLOUR:
KLEUR: Wit

WITNES FOR SOCIETY:
GETUIE VIR VEREENIGING:



ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NODATE UNDERTAKEN: 20/08/24TIME: 15:00NAME OF APPLICANT: Neu C.L. YoungADDRESS: Plot 154 Brandweg, MosselbayHOME TEL No: _____ CELL No: 062 989 7960ANIMAL(S) ADOPTING: DachundSEX: MaleAGE: 12 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: <u>Mesh 1.8m</u>	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?	<u>1</u>

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	<u>Pug</u>				
CONDITION	<u>Good</u>				
WELFARE (good?)	<u>Good</u>				
SEX & AGE	<u>♀ 17M</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>
STERILISED	YES ☐ / NO ☒	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS☐ SMALL DOGS☒ MEDIUM DOGS☐ LARGE DOGSINSPECTED BY: M. Wentzel SPCA: M. Bay SIGNATURE: M. Wentzel

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

[illegible]This image shows a full page of blank graph paper. The grid consists of thin, light blue horizontal and vertical lines forming small squares across the entire surface. There are no margins, text, or other markings on the paper.

DEWORMING FOR HAPPIER HEALTHIER DOGS.

Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under-12 weeks of age and every 8 weeks thereafter are very important for keeping me healthy!

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.

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VERBODEN TOEGANGS GEGAVEN

DOCTOR'S NAME

PRACTICE STAMP

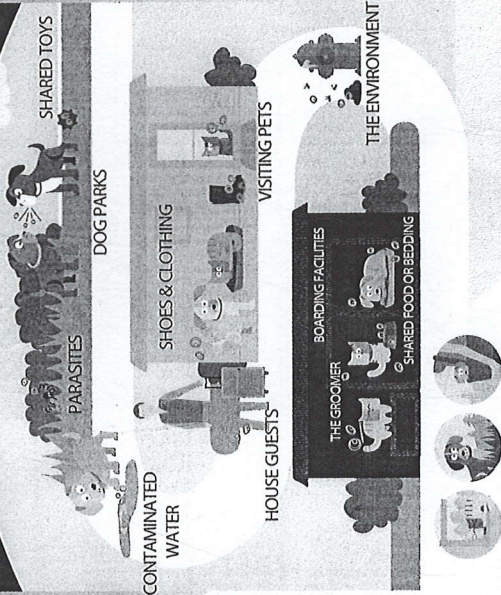


Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
220 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 973 9300 Fax: +2711 392 3158 Sales Fax: 086 603 1777

VACCINE RECORD CARD

/accination 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

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/05	Robovac Puppy DP Batch: A193003 Exp: 11-2024 ANIMAL HEALTH	A.H.T.
31/05	Robovac Puppy DP Batch: A193003 Exp: 11-2024 ANIMAL HEALTH	A.H.T.

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MSD
Animal Health
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Animal Health
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Animal Health
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Animal Health
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Animal Health

NEXT VACCINATION DUE

DATE	DATE
27/06	

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!

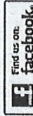
Nobivac® DHPPi (Reg. No. G2377 Act 36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947), **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act 36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947), **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.



Quantel

Eitel Plus

Entol Plus VI



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DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO

SA00 SOUTH AFRICA
ZA

CL YOUNG

ID No.: 02/9204220022080 FEMALE

Birth/Geboorte: 22/04/1992 ZA Restr./Beperk.: 0

Lic. No./Lisensienr.: 60150001DWK No.: 1

Valid/Geldig: 22/02/2022 - 21/02/2027

Issued/Uitgereik: ZA

Code/Kode: B0

Veh. restr./Voertuigbeperking: 0

First issue/Eerste uitreiking: 23/01/2017




DRIVER RESTRICTIONS	PDP CATEGORIES	VEHICLE RESTRICTIONS
0 None	P Passengers	0 None
1 Glasses / Contact lenses	G Goods	1 Automatic transmission
2 Artificial limbs	D Dangerous goods	2 Electrically powered
		3 Physically disabled
		4 Bus > 16000 kg (GVM) permitted

A 	A1  ≤ 125 cc
B 	GVM ≤ 3500 kg
C1 	GVM ≤ 750 kg
C 	GVM ≤ 16000 kg
EB 	EC1 
EC 	EC 



Professional Horticultural Consulting (Pty) Ltd
Reg No: 2011/005554/07
VAT No: 447 023 8447

5 York House / 4 Davidson Road / George 6529
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Tel No: 044 881 0665

21 June 2024

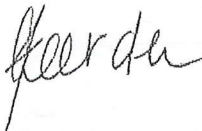
To whom it may concern

Re: Employment and Nature of Business Confirmation

I, Jenene van Heerden, ID 8605030034084, hereby confirm that Cherise Lee-Anne Young, ID 920422 0022 080, is a permanent employee of Professional Horticultural Consulting (Pty) Ltd and resides on Remainder of Farm 154, Brandwag.

Please do not hesitate to contact us on our office number: 044 881 0065 for any further information.

With much appreciation.



Jenene van Heerden
Financial Manager