ADOPTION CHECKLIST

ADMISSION NO: MBY2973

CONTRACT NO: MBY0117

- [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 None 02/07/2024.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000356323

Adoptee INFO:

Name & Surname Beaunette Pretorius

Contact INFO: 079 280 1423

Completed by: _____ Date: 04/07/2023

Manager: _____ Date: 04/07/2023

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.

Saterdag word donderdag gestel.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Pictorius. LOADED

DBV SPCA Garden Route

KENNEL No. CBA C2				ADMISSION No. MBY2973		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 06/06/24			Time in		Date for release	

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

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Plain DSH	Colour and Markings	Tricolor / Tortie-clk	
Condition	Friendly - Fair	Sex ♀	Age	
Temperament	Friendly	Sterilisation details NO	Name	
Coat Short	Tail Long	Teeth Condition Fair	Ears Pricked	Size M
Area found / collected from	Danabay - Brought in		Date 06/06/24	
Reason for surrender	Too many cats.			

ASSESSMENT

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

COMMENTS:

Surrendered by ✓ / Found by	Name	Shannon Munn			
Residential Address	101 Plena Str. Dana Bay				
Postal Address	N/A				
Tel (H) N/A	Tel (W) N/A	Cell 067 000 7751			
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 / 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 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 MBY2970	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

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 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, indie hul nie in staat is om dit te doen nie, om sy pynlose vernietiging to 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 menslikheldsredes 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
7/6/24	M.I.P.W		
	Next - 5/7/24		
02/07/24	Vaccinated 3-1 + Rbw.		
	Spayed		
3-7-24			

992003000356323

PTS APPROVAL

NAME	SIGN

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL/CAGE #	CB2	DATE	
CARD #	MBY 2973	BREED	DSH
COLOUR	Tricolor	STRAY/SURRENDER	SURRENDER
ANIMAL NAME		MALE/FEMALE	FEMALE
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED	NO	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:			

Nickerball

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): Miss Beaurette Pretorius

HOME ADDRESS: 1 Bakke nautica 307

ID NO.: 9503230052089

POSTAL ADDRESS: _____

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

CELL NO: 079 280 1623 FAX NO: _____

EMAIL: pbeaurette@gmail.com

Address where animal will be kept: 1 Bakke nautica 307

Occupation: waiter / student

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

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

Reason for wanting animal: For myself and company

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? Does not matter

Can you afford private fees? yes Who is your vet? _____

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

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

Are all your animals sterilised? Give details _____

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

Which animals do you still have, and what happened to the others? Rord and staying with parents

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

Full description of the fencing and gate: portmat Height: _____

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER _____

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

Pre Home Inspection Fee: R100 Receipt No: 3497

Declaration: The above information is true and correct
I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT _____ **Date of application** 18/06/24

ADMISSION No.
TOELATINGSNR. MBY0117

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female
Microchip and or ID		

992003000356323

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to **return** it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will **not chain or cage** the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only **elasticated or quick release collars** may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post with seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

UITPLASINGSKONTRAK

Garden Route

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

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. 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 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): Beaunette Pretorius

HOME ADDRESS
WOONADRES: 1 Bakke Nautica 507

ID/PASSPORT No.:
ID/PASPOORT Nr.: 0503230052089

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

(B):
(W):

CELL No:
SELFOON Nr: 079 280 1423

FAX No:
FAKS Nr:

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

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3528

VEHICLE REG No.
VOERTUIG REG Nr. DEJ 552 NW

VEHICLE MAKE:
VOERTUIG MAAK: Golf 2003 1.6

COLOUR:
KLEUR: Wit

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING.

DATE / DATUM: 04/07/26

moet dinsdag gesteri word.
02/07/24.

Section 4-12a

DBV SPCA

ADOPTION No [ ]

ADMISSIO [ ]

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN: _____ TIME: 16:30

NAME OF APPLICANT: Beaunette Pretorius

ADDRESS: 1 Bakkie Nautica 507.

HOME TEL No: _____ CELL No: 0792801423.

ANIMAL(S) ADOPTING: Nickerball Cat.

SEX: _____ AGE: _____

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: 3m		Height of fence: Wall 2m	
Any sign of Kennel/Shelter?	YES ☑ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☑
Is the front yard separated from the back?	YES ☐ / NO ☑	If yes, what partitioning?	non
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☑	Specify: none	
Does applicant live at the address?	YES ☑ / NO ☐	How many animals are on the property?	none.

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
SEX					
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: _____ SPCA: Mossel Bay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

MY OWNER

NAME	Beaunette Pretorius
POSTAL ADDRESS	
STREET ADDRESS	1 Bakke
	Nautica 507
HOME PHONE	
WORK PHONE	
CELLPHONE	079 280 1423
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	Torti
SEX	Female
DATE OF BIRTH	2024.
MICROCHIP/TATT	992003000356323
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
02/08/24 Rabies.		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
07/06/24	Nobivac H-PCHR 352806 R1 Batch: 020714376 Manf: 04SEP22 Exp.: 04MAR24	
02/07/24	Nobivac H-PCHR 352806 R1 Batch: 020714448 Manf: 26MAR23 Exp.: 26SEP24 RABISIN R Lot/Batch: 924507 E70276 Uit. av/Exp.: 13/07-2025	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

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

Nobivac Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on facebook.

facebook.com/Bravecto.SouthAfric
facebook.com/MsdPetsSa

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

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 02/07/2021

DOCTOR'S NAME Dr A Smalle.

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

Backhome

C2 - Tortix

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000356323

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

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0792801423

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

E-mail * pbeaunette@gmail.com

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

Title * MS Initials * B Surname * PRETORIUS

Street 1 BAKKE City

Suburb NAUTICA Area Code 0€ BAKKE

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 * 04 - 07 - 2024.

Date of Implant * 03 - 07 - 2024

Was the Microchip implanted by this veterinary practice? Y Yes No

Name of Vet who implanted the Chip MARY-ANN CHORDUM

PET DETAILS

Pet Name NICKY Date of birth 2024 Y Y Y Y M M D D

Species * FELINE Breed * OSH

Colour TRICOLOR Markings

Gender Male Y Female Sterilised Y 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

ISSUED WITHOUT ANY ALTERATIONS OR ERASURES

ISSUED WITHOUT ANY ALTERATIONS OR ERASURES

BW 3527323 Z 579

CITY OF MATLOSANA
RWV
2024-05-08
HARTBEESFONTEIN DLTC

TDL(5)(2005/11) No 408000000NDC TDL

TEMPORARY DRIVING LICENCE/PR. DRIVING PERMIT
(National Road Traffic Act, 1996)

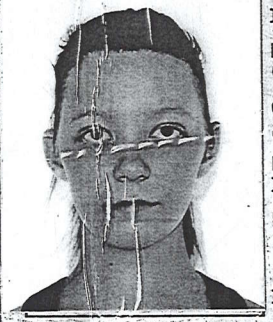
TYDELIKE BESTUURSLISENSIE/PR.BESTUURSPERMIT
(Nasionale Padverkeerswet, 1996)

Republic of South Africa

Republiek van Suid-Afrika

PARTICULARS OF HOLDER / **BESONDERHEDE VAN HOUER**

Restrictions on driver (if any): 0 — Beperkings op bestuurder (indien enige)



Type of identification/Soort identifikasie
RSA ID document / RSA ID dokument

Identification number/Identifikasienommer
0503230052089

Country of issue/Land van uitreiking
South Africa / Suid-Afrika

Initials and surname/Voorletters en van
B PRETORIUS

Date of issue/Datum van uitreiking
2024-05-08

Driving licence testing centre/Bestuurslisensietoetssentrum
MUNISIPALITEIT HARTBEESFONTEIN

Driving licence(s) Code/Kode	Date/Datum	Bestuurslisensie(s) Restr./Bep.
B	2024-05-08	0

Category(ies) and expiry date of PrDP — and/en — Kategorie(ë) en vervaldatum van PrBP

I confirm that I am conversant with the content of the declaration[1]. — Ek bevestig dat ek vertroud is met die inhoud van die verklaring[1].

Signature of holder _____ Handtekening van houer

Valid for 6 MONTHS from date of issue — **Geldig vir 6 MAANDE vanaf uitreikingsdatum**

RECEIPT / **KWITANSIE**

Receipt number		Kwitansienommer
Total amount received	R0.00	Totale bedrag ontvang
Date	2024-05-08	Datum
Received by	RL PHILLIPS	Ontvang deur

4080 2024-05-08 12:10:53

DECLARATION[1]

I declare that the licence in respect of which the particulars are reflected alongside,
(i) has not yet come into my possession*,
(ii) was stolen/lost/defaced/destroyed*,
that all particulars submitted by me are true and correct and I realise that a false declaration is punishable with a fine or one year imprisonment or both.

VERKLARING[1]

Ek verklaar dat die lisensie ten opsigte waarvan die besonderhede langsaan verskyn,
(i) nog nie in my besit gekom het nie*,
(ii) gesteel/verlore/geskend/vernietig* is, dat alle besonderhede wat deur my verskaf is waar en korrek is en ek besef dat 'n vals verklaring strafbaar is met 'n boete of een jaar gevangenisstraf of beide.

Driver restrictions
Bestuurderbeperkings

0 None/Geen
1 Glasses/Contact lenses
Bril/Kontaklense
2 Artificial limb
Kunsledemaat

Vehicle restrictions
Voertuigbeperkings

0 None/Geen
1 Automatic transmission
Outomatiese transmissie
2 Electrically powered
Elektries aangedrewe
3 Physically disabled
Liggaamlik gestrem
4 Bus > 16 000kg (GVM) permitted
Bus > 16 000kg (BVM) toegelaat
5 Tractor/Trekker
7 Industrial vehicle/Industriële voertuig

Left thumb imprint of the person whose particulars are reflected alongside.

Linkerduimafdruk van persoon waarvan die besonderhede langsaan verskyn.

FNB Verified Statement 04/07/2024

Reference Number: SMTPM6F45F77

To verify this statement, please keep the above reference number and the client's ID number/business account number on hand. Visit www.fnb.co.za, select Contact us + Tools on the menu, followed by Verify Statement and follow the on-screen instructions. The reference number is valid for a minimum of 3 months.

BBST8 075924

MISS BEAUNETTE PRETORIUS
3 CARO STR
FLAMWOOD
2571

04 JUL 2024

Statements
250-655

P O Box 61530
Johannesburg 2000
Street Address Remote Accounting Opening
9th Floor,Sage Bldg,10 Fraser St,Jhb
Universal Branch Code 250655
fnb.co.za
Lost Cards 087-575-9406
Account Enquiries 087-575-9404
Relationship Manager Marcel Laynes
marcel.laynes@fnb.co.za
(087) 338-0048

Customer VAT Registration Number Not Provided
Bank VAT Registration Number 4210102051

FNBy Next Transact Account : 63008111873

Tax Invoice/Statement Number : 8
Statement Period : 20 March 2024 to 21 June 2024
Statement Date : 21 June 2024

Statement Balances		Bank Charges		Interest Rate	
Opening Balance	488.63 Cr	Service Fees	66.92 Dr	Credit Rate**	0.00%
Closing Balance	1,063.36 Cr	Cash Deposit Fees	0.00	Debit Rate*	0.00%
# Inclusive of VAT @ 15.00%	8.76 Dr	Cash Handling Fees	0.00		
Total VAT (ZAR)	8.76 Dr	Other Fees	0.00		

Transactions in RAND (ZAR)

Date	Description		Amount	Balance	Accrued Bank Charges
22 Mar	FNB OB Pmt Prima Casual Wage		200.00Cr	688.63Cr	
23 Mar	#Service Fees #Int Pymt Fee-39.00 Googl		0.78	687.85Cr	
23 Mar	POS Purchase 39.00 Google Crunch	410587*5639 21 Mar	39.00	648.85Cr	
25 Mar	#Service Fees #Int Pymt Fee-9.77 Crunch		0.20	648.65Cr	
25 Mar	POS Purchase Mr D Food	410587*5639 22 Mar	312.64	336.01Cr	
25 Mar	POS Purchase 9.77 Crunchyroll	410587*5639 22 Mar	9.77	326.24Cr	
30 Mar	FNB App Prepaid Airtime 0825964015		25.00	301.24Cr	
30 Mar	FNB OB Pmt Prima Casual Wage		4,964.40Cr	5,265.64Cr	
02 Apr	#Service Fees #Int Pymt Fee-99.99 Googl		2.00	5,263.64Cr	
02 Apr	FNB App Payment To Beaunette	Mamma	500.00	4,763.64Cr	1.00
02 Apr	FNB OB Pmt Prima Casual Wage		200.00Cr	4,963.64Cr	
02 Apr	POS Purchase Microsoft Iso	410587*5639 28 Mar	143.99	4,819.65Cr	
02 Apr	POS Purchase 99.99 Google Call O	410587*5639 31 Mar	99.99	4,719.66Cr	
03 Apr	FNB App Prepaid Airtime 0825964015		35.00	4,684.66Cr	
04 Apr	POS Purchase Checkers Sixty60	410587*5639 31 Mar	245.94	4,438.72Cr	
08 Apr	#Service Fees #Int Pymt Fee-14.99 Apple		0.30	4,438.42Cr	
08 Apr	POS Purchase 14.99 Apple.Com/Bil	410587*5639 05 Apr	14.99	4,423.43Cr	
09 Apr	FNB App Prepaid Airtime 0825964015		25.00	4,398.43Cr	
10 Apr	#Service Fees #Int Pymt Fee-95.99 Dloca		1.92	4,396.51Cr	
10 Apr	POS Purchase Takealo*T	410587*5639 08 Apr	871.00	3,525.51Cr	
10 Apr	POS Purchase 95.99 Dlocal *Micro	410587*5639 08 Apr	95.99	3,429.52Cr	
11 Apr	POS Purchase Mr D Food	410587*5639 05 Apr	317.99	3,111.53Cr	
11 Apr	POS Purchase Dashpay*Annique Hea	410587*5639 04 Apr	424.00	2,687.53Cr	
15 Apr	#Service Fees #Int Pymt Fee-129.00 Dloc		2.58	2,684.95Cr	
15 Apr	POS Purchase Checkers Sixty60	410587*5639 12 Apr	164.98	2,519.97Cr	

Delivery Method F1 R09
NS/IQ/WV/DDA 14
8091

137977

Branch Number	Account Number	Date	DDA 14/9B/CV/S1/S1/PA/P6/A9/AA/Y	FN
8091	63008111873	2024/06/21	FNBY NEXT TRANSACT ACCOUNT	

XS22ND:63008111873

Transactions in RAND (ZAR) : 63008111873

Date	Description	Amount	Balance	Accrued Bank Charges
15 Apr	POS Purchase 129.00 Dlocal *Micr 410587*5639 12 Apr	129.00	2,390.97Cr	
17 Apr	FNB App Prepaid Airtime 0825964015	35.00	2,355.97Cr	
20 Apr	#Service Fees #Int Pymt Fee-894.00 Dloc	17.88	2,338.09Cr	
20 Apr	POS Purchase 894.00 Dlocal *Shei 410587*5639 18 Apr	894.00	1,444.09Cr	
20 Apr	#Service Fees	1.00	1,443.09Cr	
22 Apr	#Service Fees #Int Pymt Fee-95.99 Dloca	1.92	1,441.17Cr	
22 Apr	FNB App Prepaid Airtime 0825964015	10.00	1,431.17Cr	
22 Apr	POS Purchase 95.99 Dlocal *Micro 410587*5639 19 Apr	95.99	1,335.18Cr	
23 Apr	#Service Fees #Int Pymt Fee-49.00 Googl	0.98	1,334.20Cr	
23 Apr	POS Purchase 49.00 Google Crunch 410587*5639 21 Apr	49.00	1,285.20Cr	
24 Apr	POS Purchase Meili Logistics Pty 410587*5639 20 Apr	118.99	1,166.21Cr	
26 Apr	FNB App Transfer To Start	500.00	666.21Cr	
29 Apr	FNB OB Pmt Prima Casual Wage	200.00Cr	866.21Cr	
29 Apr	POS Purchase Checkers Sixty60 Ti 410587*5639 26 Apr	10.00	856.21Cr	
29 Apr	POS Purchase Checkers Sixty60 410587*5639 26 Apr	222.96	633.25Cr	
30 Apr	#Service Fees #Int Pymt Fee-134.10 Dloc	2.68	630.57Cr	
30 Apr	#Service Fees #Int Pymt Fee-143.99 Dloc	2.88	627.69Cr	
30 Apr	FNB OB Pmt Prima Casual Wage	4,964.40Cr	5,592.09Cr	
30 Apr	FNB App Rtc Pmt To Nautica Monthly Nau507	1,561.69	4,030.40Cr	8.00
30 Apr	FNB App Payment To Beaunette Mamma	500.00	3,530.40Cr	1.00
30 Apr	POS Purchase 134.10 Dlocal *Micr 410587*5639 27 Apr	134.10	3,396.30Cr	
30 Apr	POS Purchase 143.99 Dlocal *Micr 410587*5639 28 Apr	143.99	3,252.31Cr	
02 May	FNB App Prepaid Airtime 0825964015	35.00	3,217.31Cr	
04 May	POS Purchase Checkers Sixty60 410587*5639 02 May	394.90	2,822.41Cr	
07 May	#Service Fees #Int Pymt Fee-14.99 Apple	0.30	2,822.11Cr	
07 May	POS Purchase Checkers Sixty60 410587*5639 04 May	423.95	2,398.16Cr	
07 May	POS Purchase 14.99 Apple.Com/Bil 410587*5639 05 May	14.99	2,383.17Cr	
09 May	POS Purchase Checkers Sixty60 410587*5639 07 May	140.96	2,242.21Cr	
09 May	POS Purchase Mr D Food 410587*5639 07 May	591.20	1,651.01Cr	
14 May	#Service Fees #Int Pymt Fee-129.00 Dloc	2.58	1,648.43Cr	
14 May	POS Purchase 129.00 Dlocal *Micr 410587*5639 12 May	129.00	1,519.43Cr	
15 May	FNB App Transfer To .	500.00	1,019.43Cr	
16 May	FNB App Prepaid Airtime 0825964015	10.00	1,009.43Cr	
17 May	FNB App Prepaid Airtime 0825964015	35.00	974.43Cr	
17 May	POS Purchase Yoco *Liria Botes 410587*5639 15 May	25.00	949.43Cr	
17 May	POS Purchase Pro Hair 6 410587*5639 15 May	780.00	169.43Cr	
20 May	FNB App Prepaid Airtime 0792801423	53.00	116.43Cr	
21 May	#Service Fees	9.00	107.43Cr	
23 May	#Service Fees #Int Pymt Fee-49.00 Googl	0.98	106.45Cr	
23 May	POS Purchase 49.00 Google Crunch 410587*5639 21 May	49.00	57.45Cr	
24 May	FNB OB Pmt Prima Casual Wage	4,964.40Cr	5,021.85Cr	
27 May	POS Purchase Superspar Mossel Ba 410587*5639 24 May	121.19	4,900.66Cr	
27 May	POS Purchase Game Mossel Bay 410587*5639 24 May	343.16	4,557.50Cr	
28 May	FNB App Prepaid Airtime 0792801423	89.00	4,468.50Cr	
28 May	POS Purchase Superspar Mossel Ba 410587*5639 26 May	416.52	4,051.98Cr	
30 May	#Service Fees #Int Pymt Fee-143.99 Dloc	2.88	4,049.10Cr	
30 May	FNB App Rtc Pmt To Nautica Monthly Nau507	1,619.50	2,429.60Cr	8.00
30 May	POS Purchase Mossel Bay Pharmacy 410587*5639 27 May	180.00	2,249.60Cr	
30 May	POS Purchase Mrprices Langeberg 410587*5639 28 May	374.97	1,874.63Cr	
30 May	POS Purchase 143.99 Dlocal *Micr 410587*5639 28 May	143.99	1,730.64Cr	
31 May	POS Purchase Ackermans Langeberg 410587*5639 29 May	197.80	1,532.84Cr	
31 May	POS Purchase PNP Clt Langeberg M 410587*5639 29 May	429.99	1,102.85Cr	
01 Jun	POS Purchase Big Joes Pies 13 410587*5639 30 May	45.00	1,057.85Cr	
03 Jun	#Service Fees #Int Pymt Fee-47.99 Dloca	0.96	1,056.89Cr	
03 Jun	#Service Fees #Int Pymt Fee-139.99 Appl	2.80	1,054.09Cr	
03 Jun	POS Purchase 47.99 Dlocal *Micro 410587*5639 31 May	47.99	1,006.10Cr	
03 Jun	POS Purchase 139.99 Apple.Com/Bi 410587*5639 31 May	139.99	866.11Cr	
04 Jun	POS Purchase Clicks Mossel Bay M 410587*5639 01 Jun	94.97	771.14Cr	
04 Jun	POS Purchase Superspar Mossel Ba 410587*5639 02 Jun	159.71	611.43Cr	
06 Jun	#Service Fees #Int Pymt Fee-14.99 Apple	0.30	611.13Cr	

Delivery Method F1 R09
NS/IQ/WV/DDA 14
8091

137978

Branch Number	Account Number	Date	DDA 14/9B/CV/S1/S1/PA/P6/A9/AA/Y FN
8091	63008111873	2024/06/21	FNBY NEXT TRANSACT ACCOUNT

FNB Verified Statement 04/07/2024

Reference Number: SMTPM6F45F77

To verify this statement, please keep the above reference number and the client's ID number/business account number on hand. Visit www.fnb.co.za, select Contact us + Tools on the menu, followed by Verify Statement and follow the on-screen instructions. The reference number is valid for a minimum of 3 months.

Transactions in RAND (ZAR) : 63008111873

Date	Description		Amount	Balance	Accrued Bank Charges
06 Jun	FNB App Prepaid Airtime 0792801423		53.00	558.13Cr	
06 Jun	FNB App Payment From Moeder		1,000.00Cr	1,558.13Cr	
06 Jun	POS Purchase 14.99 Apple.Com/Bil	410587*5639 05 Jun	14.99	1,543.14Cr	
08 Jun	POS Purchase Clicks Bayside Mall	410587*5639 06 Jun	952.89	590.25Cr	
10 Jun	FNB App Prepaid Airtime 0792801423		53.00	537.25Cr	
12 Jun	FNB OB Pmt Prima Casual Wage		3,000.00Cr	3,537.25Cr	
12 Jun	FNB App Payment To Wifi	213631	99.00	3,438.25Cr	1.00
12 Jun	FNB App Payment To Wifi	210558	598.99	2,839.26Cr	1.00
12 Jun	FNB App Payment To Wifi	97108521	999.00	1,840.26Cr	1.00
12 Jun	POS Purchase Iron Cafe	410587*5639 10 Jun	149.00	1,691.26Cr	
13 Jun	FNB App Prepaid Airtime 0792801423		53.00	1,638.26Cr	
13 Jun	POS Purchase Iron Cafe	410587*5639 11 Jun	47.00	1,591.26Cr	
14 Jun	POS Purchase Mossel Bay Pharmacy	410587*5639 12 Jun	155.21	1,436.05Cr	
14 Jun	POS Purchase Checkers Bayside	410587*5639 12 Jun	414.11	1,021.94Cr	
14 Jun	POS Purchase 6.94 Microsoft	410587*5639 11 Jun	132.89	889.05Cr	
15 Jun	FNB App Payment To Wifi	213631	19.69	869.36Cr	1.00
18 Jun	FNB App Prepaid Airtime 0792801423		29.00	840.36Cr	
18 Jun	POS Purchase Iron Cafe	410587*5639 14 Jun	45.00	795.36Cr	
18 Jun	POS Purchase Iron Cafe	410587*5639 14 Jun	120.00	675.36Cr	
19 Jun	FNB App Payment From Michaela O'Brien		400.00Cr	1,075.36Cr	
21 Jun	#Service Fees		12.00	1,063.36Cr	

Closing Balance **1,063.36Cr**

Turnover for Statement Period

No. Credit Transactions 9	19,893.20Cr
No. Debit Transactions 97	19,318.47Dr

Please contact us within 30 days from your statement date, should you wish to query an entry on this statement (incl. card transactions done during this statement period, but not yet reflecting). Should we not hear from you, we will assume that you have received the statement and that it is correct.

For more information on your Pricing Option, please contact us or visit our website.
**For the latest Credit Rates on product, please go to fnb.co.za
*Debit Rate is subject to the maximum annual variable interest rate allowed by the NCA which is 22.25%

First National Bank - a division of FirstRand Bank Limited. Registration Number 1929/001225/06. An Authorised Financial Services and Credit Provider (NCRCP20).

On 26 May 2023, the Prime Lending Rate changed to 11.75%. This may impact the rate on any of your credit facilities.

Delivery Method F1 R09
NS/IQ/WV/DDA 14
8091

137979

Branch Number	Account Number	Date	DDA 14/9B/CV/S1/S1/PA/P6/A9/AA/Y	FN
8091	63008111873	2024/06/21	FNBY NEXT TRANSACT ACCOUNT	