



992003000356327



992003000356327

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



992003000356327

Completed by:

Lavern Joseph

Date:

27/06/24

Manager:

F. Green

Date:

27/06/24

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.

Zahara

ADMISSION NO:

MBY 3059.

CONTRACT NO:

MBY 0127.

Adoptee INFO:

Name & Surname

Michael Amos

028722 1850

Contact INFO:

0824936100

Was done. 28/06/24.

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER



992003000356327

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. * 0824936100 Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.
E-mail * michaeljamos66@gmail.com If possible please provide a personal email, not a company email.
Title * Mr Initials * M.S Surname * Amos
Street 4 De Sager
Suburb Herdeborgh
Country S.A.
Phone - Day time
City
Area Code 6667
Province W.C.
Phone - Night time 0824936100

OTHER CONTACTS

Title * Initials * Surname *
Cell No. *
Title * Initials * Surname *
Cell No. *
Title * Initials * Surname *
Cell No. *

CHIP DETAILS

Registration Date * 05 - 07 - 2024
Date of Implant * 08 - 06 - 2024
Was the Microchip implanted by this veterinary practice? ☐ Yes ☐ No
Name of Vet who implanted the Chip Ndoyobongbele

PET DETAILS

Pet Name
Species * DOG
Colour BLACK + TAN
Gender ☐ Male ☒ Female
Date of birth 2024 M M D D
Breed * XBREED
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 _____ 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

- On-line Log onto www.backhome.co.za. Complete the registration process.
- By fax Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
- By e-mail Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
- By App Download the Virbac Backhome Africa App

[illegible]

Quantel
DEWORMER FOR DOGS AND CATS

~~Exitel Plus~~ ~~Exitel Plus XL~~

DEWORKING FOR HAPPIER HEALTHIER DOGS

Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Snartan Road Snartan, 1619, BSA | Private Bag X2026, Isando, 1600, RSA

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

POSTAL ADDRESS

STREET ADDRESS

HOME PHONE

WORK PHONE

CELLPHONE

BREEDER DETAILS

ME

SPECIES

BREED

COLOUR

SEX

DATE OF BIRTH

MICROCHIP

FEATURES/MARKS

Canine

Black and Tan.
Fender.



992003000356328

NEXT VACCINATION DUE

DATE

DATE

DATE

7/6/2024
26/7/2024

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

16/12/24

N.N



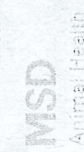
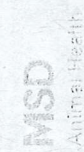
28/6/24

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. G2804 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 (isoginoline) 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.



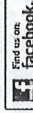
DEWORMER FOR DOGS AND CATS

Exitel Plus

Exitel Plus XL



facebook.com/BravectoSouthAfrica
facebook.com/MSdPetsSa



 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
AMOS
Names:
MICHAEL JOSEPH
Sex:
M
Nationality:
RSA
Identity Number:
6804125121086
Date of Birth:
12 APR 1968
Country of Birth:
RSA
Status:
CITIZEN


Signature: 

Conditions:
This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997
If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
14 APR 2018


106718032




5/2/2018/PT/ 

Phone Swellendam
for Pre home inspection

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES ☒ / NO ☐

DATE UNDERTAKEN: 24-6-21 TIME: 11:50

NAME OF APPLICANT: MR. Aages

ADDRESS: 4 De Jager, Heidelberg

HOME TEL No:

CELL No: 0824936100

ANIMAL(S) ADOPTING: X Breed

SEX: Female

AGE: 2-3 months

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION	
Type and height of fence: jathals draag	Suitability of fence (i.e. small pets can't escape): 1-2W
Suitable shelter? (i.e. Kennel in protected area) YES ☒ / NO ☐	Any sign of Chain/Runner? YES ☐ / NO ☒
Is the front yard separated from the back? YES ☒ / NO ☐	If yes, what partitioning?
Any hazards? (pool, rubble, razor wire, etc) YES ☐ / NO ☒	Specify:
Does applicant live at the address? YES ☒ / NO ☐	How many animals are on the property? /

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

owner well informed + very caring
just 2 spots on fencing that need fixing before approval

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS☒ MEDIUM DOGS☒ SMALL DOGS☐ LARGE DOGS

INSPECTED BY: D. Hargill

SPCA: Swellendam

SIGNATURE: D. Hargill

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

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): Mr M Jones

HOME ADDRESS: 4 De Jager

ID NO.: 680412512086

POSTAL ADDRESS: S.A.

TEL NO (H): _____ (B): 028 722 1850

CELL NO: 0824936100 FAX NO: _____

EMAIL: michael.jones66@gmail.com

Address where animal will be kept: 4 De Jager

Occupation: Self

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

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

Reason for wanting animal: Pet

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? good one

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

How many animals live on the property? DOGS? 0 CATS? _____ OTHERS _____

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

Are all your animals sterilised? Give details yes

How many dogs and cats have you owned in the last 3 years? DOGS? ✓ 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: wire Height: 1.2

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER indoors

Have you previously had pets from an SPCA? yes Are there children under 10 in your household? _____

Pre Home Inspection Fee: _____ Receipt No: _____

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 _____

ADMISSION No. TOELATINGSNR.

MBY0127

ADOPTION CONTRACT

UITPLASINGSKONTRAK



Garden Route

DOG / CAT	Breed	Male/Female
Microchip and or ID Tag Number: <u>992003000356327</u>		

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.



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.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieleden stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkoste aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en klient skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoon te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
- Ek sal nie die dier vasketting of gehok hou nie, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
- Ek kan die dienste van 'n private veeartsnykundige bekostig.
- Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
- Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
- Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir katte gebruik word.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per geregistreerde pos in kennis stel van enige verandering van adres

* Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.
* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of 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.

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

HOME ADDRESS
WOONADRES:

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

CELL No:
SELFOON Nr:

E-MAIL:
E-POS:

ADOPTION FEE:
AANEMINGSVOOI:

VEHICLE REG No.
VOERTUIG REG Nr:

SIGNATURE
HANDTEKENING:

DATE / DATUM:

ID/PASSPORT No.:
ID/PASPOORT Nr:

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE:

COLOUR:
KLEUR:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING:

Amos.

12:00 - 13:00.

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. KM 42				ADMISSION No. MBY3059			
Stray	☒ Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia	
Date in	5/6/24		Time in		Date for release		

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

DESCRIPTION & HISTORY	Dog ☒	Cat ☐	Other species (Specify)			
	Breed	K9	Colour and Markings BIT			
	Condition	Good	Sex	Em	Age	
	Temperament	Good	Sterilisation details	NO	Name	
	Coat S	Tail J	Teeth Condition	Ears D	Size Pp	
	Area found / collected from Ask					Date 5/6/24
	Reason for surrender Breeding Compl.					

ASSESSMENT			Surrendered by ☒ Found by ☐				Name R. Klaas	
GOOD WITH:	Yes	No	Residential Address 78 Stofite Ask					
Children	☐	☐	Postal Address					
Cats	☐	☐	Tel (H)					
Other Dogs	☐	☐	Tel (W)					
Livestock/Other	☐	☐	Cell					
DO THEY:	Yes	No	Email					
Jump Fences	☐	☐	Donation R					
Run Away	☐	☐	Cash					
COMMENTS:			Card					
			EFT					
			(Receipt No.)					

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

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 **(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 uitdruklik 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 D. N.	Witness for Society K
------------------------	------------------------------

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, beskry 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, ind hui 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 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
27/06/24	Tr worm		
27/06/24	Spayed		
 992003000356327			

PTS APPROVAL

NAME	SIGN

5438

 Δ

1990