ADOPTION CHECKLIST

ADMISSION NO: MBY2974

CONTRACT NO: MBY 0128

- [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 09/07/24
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000356232

K10 00

Adoptee INFO:

Name & Surname Mr L.W. Reeve

Contact INFO: 082 404 7091.

Completed by: _____ Date: 10/07/2024

Manager: _____ Date: 11/07/2024

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.

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
14/6/24	Milbemax		

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 09/07/2024

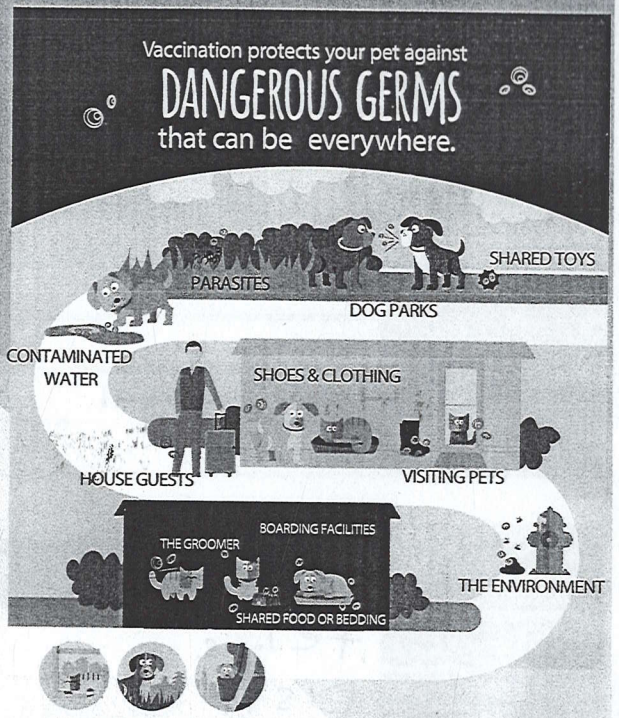
DOCTOR'S NAME Dr A.S. Muller.

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	L. W. Reeve
POSTAL ADDRESS	
STREET ADDRESS	5 Swart Street
	Heidelberg
HOME PHONE	
WORK PHONE	
CELLPHONE	082 4 047091
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	Black + White
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000356232
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
12/7/2024		
10/08/2024		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
14/6/24	352806 R1 Batch: B2071437C Manf.: 04SEP23 Exp.: 04MAR24 Nobivac HCPPi	SPCA
10/07/24	352806 R1 Batch: B2071444B Manf.: 26MAR24 Exp.: 26SEP24 Nobivac HCPPi	SPCA
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	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.

Find us on: facebook.

Section 4-12a

DBV SPCA

ADOPTION No [ ]

ADMISSIO [ ]

PRE AND POST HOME INSPECTION FORM

PASSED: [✓ YES / NO]

DATE UNDERTAKEN: 9th July 2024 TIME: 4-30 pm

NAME OF APPLICANT: MR LES REEVE

ADDRESS: 5 SWART STREET HEIDELBURG

HOME TEL No: _____ CELL No: 082 404 7091

ANIMAL(S) ADOPTING: CAT

SEX: _____ AGE: _____

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: BRICK AND MESH		Height of fence: VARIES 1.2 = 2 m.	
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?	WALL + GATE
Any hazards? (pool, rubble, razor wire, etc)	YES ☑ / NO ☐	Specify: SMALL POOL IN BACK GARDEN	
Does applicant live at the address?	YES ☑ / NO ☐	How many animals are on the property?	1 DOG

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	BORDER COLLIE				
SEX	FEMALE				
AGE	3 YRS				
STERILIZED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS LARGE HOME WITH COVERED VERANDA ON 2 SIDES. DOG HAS ACCESS TO INSIDE AND OUTSIDE, SLEEPS IN BED ROOM, LARGE DOG BED, VERY FRIENDLY DOG HAS KNOWN A CAT PREVIOUSLY.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

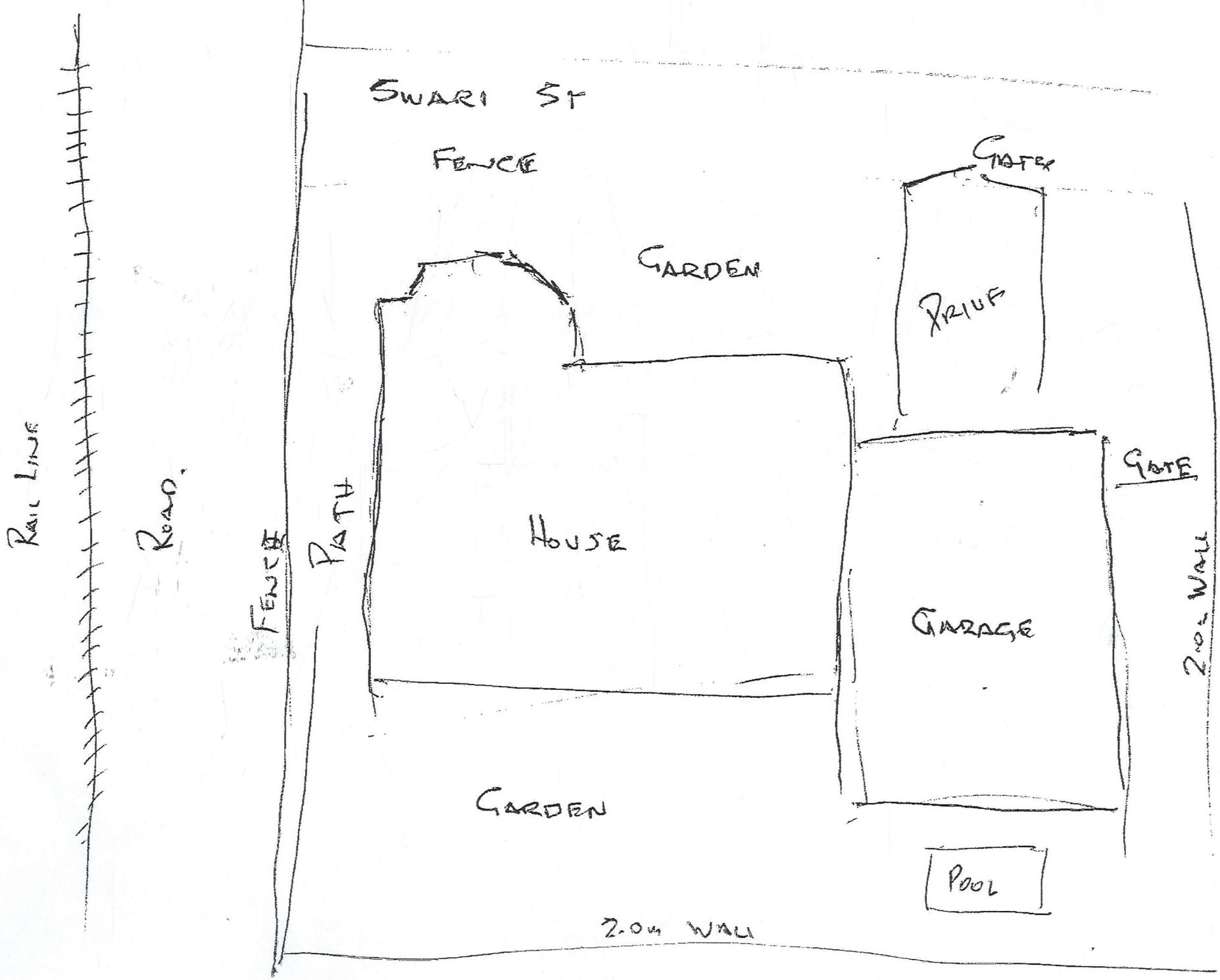
INSPECTED BY: IRENE THOMPSON **SPCA:** _____ **SIGNATURE:** Irene Thompson

POST HOME INSPECTIONS:

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013


SWARI ST
FENCE
GATE
GARDEN
PRIUF
RAIL LINE
ROAD.
FENCE
PATH
HOUSE
GATE
GARAGE
2.0m WALL
GARDEN
POOL
2.0m WALL

momentum
medical scheme

28/09/2020
PRIVATE AND CONFIDENTIAL
MR LW REEVE
5 SWART STREET
HEIDELBERG
6665

Member number
5685995

Group number
357480016

Practice number

Our reference number
432847731

Dear Mr Reeve

Available Orthopaedic Surgeon/s

For your information, please find a schedule of specialists below:

Momentum Medical Scheme Associated Specialists

Name	Address	Town	Telephone Number	Practice Number
Dr JF De Beer	Suite 4 Libstar House 43 Blouelie Crescent Plattekloof Cape Town	Cape Town	021 9111017	2803693
Dr W D Van Der Walt	Suite 314 3rd Floor Block B Melomed Gatesville Clinic Road Gatesville Cape Town	Cape Town	087 8065867	816802
Dr BJ Schutte	Room C11 Blaauwberg Hospital Waterville Crescent Sunningdale	Sunningdale	021 5543028	2804158
Dr C Ackermann	C1-1 Netcare Blaauwberg Hospital Waterville Street Sunningdale Cape Town	Cape Town	021 5542389	689505
Dr CM De Villiers	Room 202 2nd Floor Stone Fountain Terrace 95 Klipfontein Road Rondebosch	Rondebosch	021 6837620	2804050
Dr Md Bloomfield Incorporated	Rondebosch Medical Centre 85 Klipfontein Road Avenue Mowbray	Mowbray	021 6805920	631469
Dr S Maqungo	Suite 71 D Floor U C T Private Academic Hospital Anzio Road Observatory Cape Town	Cape Town	021 4421801	317233
Dr WJ Van Zyl	Room 106 N1 City Hospital Louwtjie Rothman Street Goodwood	Goodwood	021 5950325	669024
Dr H R De Jongh Inc	Suite G17 Mediclinic Panorama 1 Rothschild Boulevard Panorama Cape Town	Cape Town	021 9302148	713139
Dr OO Sulaiman	4th Floor Suite 404 Tokai Medical Cntr Melomed Tc Cnr Keyser's & Main Road Tokai	Tokai	021 6371136	195219

Please note that this is a selection of the Associated Specialists in the area requested.

Associated Specialists are contracted to charge within the agreed Scheme rates and as such you should not be held liable for any shortfalls on the specialist account. As the information is subject to change, please verify the status of your chosen Associated Specialist at the time of your visit.

ADMISSION No. TOELATINGSNR. MBY0128

DBV SPCA Garden Route

ADOPTION CONTRACT

DBV SPCA Garden Route

UITPLASINGSKONTRAK

DOG / CAT	Breed	Male/Female	
Microchip and or ID Tag Number: 992003000356232			

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

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.

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): L. W. Reeve

HOME ADDRESS
WOONADRES: 5 Swart str, Heidelberg

ID/PASSPORT No.:
ID/PASPOORT Nr.: 5105175174186

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

(B):
(W):

CELL No:
SELFOON Nr: 082 404 7091

FAX No:
FAKS Nr:

E-MAIL:
E-POS. LESR@SRLDESIGN.CO.ZA

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3546

VEHICLE REG No.
VOERTUIG REG Nr. CFG 69 X5

VEHICLE MAKE:
VOERTUIG MAAK: AUDI

COLOUR:
KLEUR: WHITE

SIGNATURE
HANDTEKENING: L. Reeve

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING.

DATE / DATUM: 11/7/2021

ADMISSION No. **MBY0128**
TOELATINGSNR.

Garden Route DBV SPCA

ADOPTION CONTRACT

Garden Route DBV SPCA

UITPLASINGSKONTRAK

DOG / CAT	Breed	Male/Female	
Microchip and or ID Tag Number: 992003000356232			

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

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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.
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19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres

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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/Me) (Insluitende voorletters): L. W. Reeve

HOME ADDRESS
WOONADRES: 5 Swart str, Heidelberg

ID/PASSPORT No.:
ID/PASPOORT Nr.: 5105175174186

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

(B):
(W):

CELL No:
SELFOON Nr: 082 404 7091

FAX No:
FAKS Nr:

E-MAIL:
E-POS. LESR@SRLDESIGN.CO.ZA

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3546

VEHICLE REG No.
VOERTUIG REG Nr. CRG 69 XS

VEHICLE MAKE:
VOERTUIG MAAK: AUDI

COLOUR:
KLEUR: WHITE

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING:

DATE / DATUM: 11/7/2021

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL /CAGE #	CB3	DATE	
CARD #	MBY2974	BREED	DSH
COLOUR	Black + white	STRAY/SURRENDER	SURRENDER
ANIMAL NAME		MALE/FEMALE	Male (N)
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:			

ADMISSION, ASSESSMENT AND HISTORY RECORD C2 loaded

DBV SPCA Garden Route

KENNEL No.			ADMISSION No. MBY2974			
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 07/06/24			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	07/06/24
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	07/06/24	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog / Cat	Other species (Specify) B/I.		
Breed DSH.	Colour and Markings Black & White		
Condition fair.	Sex ♂	Age	
Temperament friendly	Sterilisation details No	Name Kido	
Coat S	Tail L	Teeth Condition	Ears Pricked	Size M.
Area found / collected from Mountainview.			Date 07/06/24.
Reason for surrender Unwanted. Cant keep Cat any more.			

ASSESSMENT

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

COMMENTS:

Surrendered by X / Found by	Name Estelize Farmer.			
Residential Address Mountain view. 7B.				
Postal Address No postal.				
Tel (H) No num	Tel (W) No num	Cell No num		
Email No email.				
Donation R None	Cash	Card	EFT	(Receipt No.) None.

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	Witness for Society
	hS Joseph.

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 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	Microc ID tag

992003000356232

MEDICAL RECORD

Date	Remarks	Treatment	Cost
14/6/24	Microchip		
	AFT - 12/7/24		
9/7/24	Sterilized. Dr BM		

PTS APPROVAL

NAME	SIGN

health

COVID-19 VACCINATION RECORD CARD

VACCINEE DETAILS

Surname

First name(s)

Identity number/Passport number

Next appointment date

1

I.D. No. 510517 5174 186

NON S.A.CITIZEN

SURNAME
REEVE

FORENAMES
LESLIE WILLIAM

COUNTRY OF BIRTH
ENGLAND

DATE OF BIRTH
1951-05-17

DATE ISSUED
2019-06-13

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0128 DATE: 11/07/24

between Mosselbay SPCA

and

Name L. W. Reeve

Address 5 Swart Street, Heidelberg

Telephone Numbers (H) (B) 082 4047091

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

Animal's Name Sex Age ± 1 yr

Description OSH Black + white

On (due date) Adoption Form No. MBY 0128

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: L W Reeve For SPCA:

CONFIRMATION OF RABIES VACCINATION:

Vet: Signed:

Date:

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000356232

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. * 0824047091 Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * LESR@SRLDESIGN.CO.ZA If possible, please provide a personal email, not a company email.

Title * MR Initials * LW Surname * REEVE

Street 5 SWART STREET City HEIDELBERG

Suburb Area Code

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 * 15 - 07 - 2024

Date of Implant * 10 - 07 - 2024.

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip MARY-ANN CHORONUM

PET DETAILS

Pet Name TIMMY Date of birth 2023 (Y Y Y Y M M D D)

Species * FELINE Breed * DSH

Colour BLACK + WHITE Markings

Gender X Male 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