ADOPTION CHECKLIST

ADMISSION NO: MBY 2663

CONTRACT NO: MBY0133

- [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 30/05/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000356231

MOPSY

Adoptee INFO:

Name & Surname Lizette Celliers

Contact INFO: 082 393 2748

Completed by: _____ Date: 10/07/2024

Manager: _____ Date: 10/07/2024

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

KENNEL No. ~~CB8~~ C1				ADMISSION No. MBY2663		
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 04/04/24		Time in		14:00	Date for release	

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

DESCRIPTION & HISTORY					
Dog	(Cat)	Other species (Specify)			
Breed	DSH		Colour and Markings	White	
Condition	Fair		Sex	♀	Age ± 3 days
Temperament	Good		Sterilisation details	NO	Name Mopsy
Coat Short	Tail long	Teeth Condition None	Ears	Up	Size Small
Area found / collected from	Groenbrak				Date 04/04/24
Reason for surrender	Stray.				

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

Surrendered by / Found by	X	Name	Jonathan Harmse
Residential Address	19 Stander Street Groenbrak		
Postal Address	N/A		
Tel (H) N/A	Tel (W) N/A	Cell 0609651398	
Email	N/A		
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

STATEMENT OF SURRENDER

I do hereby certify that **I DO /I DO NOT** own the animal/s described above, that **IT IS / IT IS NOT** a stray and **I DO /I DO NOT** know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age. **Also see" Conditions" on reversed side.**

Hiermee verklaar ek dat ek dier/e hierbo beskryf **BESIT / ~~NIE BESIT~~ NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdrukiik ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die "Voorwaardes" op die agterblad.**

Signature Refer to MBY2545	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 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 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	Microchip / ID tag details
		992003000356231

MEDICAL RECORD

Date	Remarks	Treatment	Cost
29/5/24	Milpro - Nxt - 21/6/24		
30/5/24	Spay. 7 inj. Pipo + Petam		

DBV SPCA

ADOPTION No

ADMISSIO

PRE AND POST HOME INSPECTION FORM

PASSED: (YES) / NO

DATE UNDERTAKEN: 8 - 7 . 24 TIME: 14:45

NAME OF APPLICANT: Lizette Celliers

ADDRESS: 34 Albertinia Road, Fraaiuitsig, Kleinbrak

HOME TEL No: CELL No: 0823932748

ANIMAL(S) ADOPTING: Cat

SEX: Still deciding on cat AGE: Still deciding on cat.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Vibercreete		Height of fence: 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?	none
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	**2**	**3**	**4**	**5**
BREED	DSH				
SEX	Male				
AGE	Adult				
STERILIZED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great Home to be Homed cat.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Lumono Baji **SPCA:** Mossel Bay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	**RESULT**	**REMARK**	**BY WHOM**

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE


House

MY OWNER

NAME	Lizette Celliers
POSTAL ADDRESS	
STREET ADDRESS	34 Albertinia Road
	Fraaiuitsig
HOME PHONE	
WORK PHONE	
CELLPHONE	082 393 2748 .
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	White
SEX	Female
DATE OF BIRTH	May 24
MICROCHIP/TATTO	992003000356231
FEATURES/MARK	

NEXT VACCINATION DUE

DATE	DATE	DATE
2/8/2024	Rabies only	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
28/5/24	Nobivac H-PPAh 352806 R1 Batch: B20714370 Manf.: 04SEP22 Exp.: 04MAR24	AWA
5/7/24	Nobivac H-PPAh 352806 R1 Batch: B20714448 Manf.: 26MAR23 Exp.: 26SEP24 + Boehringer Ingelheim RABISIN R Lot/Batch: 924507 Ut. av./Exp.: E48017 28/01-2025	MN
	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	

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

Quantel

Find us on: facebook.

facebook.com/BravectoSouthAfrica

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
?/7/24	Antezole		

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 [signature] RVN

DATE 30/5/24

DOCTOR'S NAME Dr. S. Muller

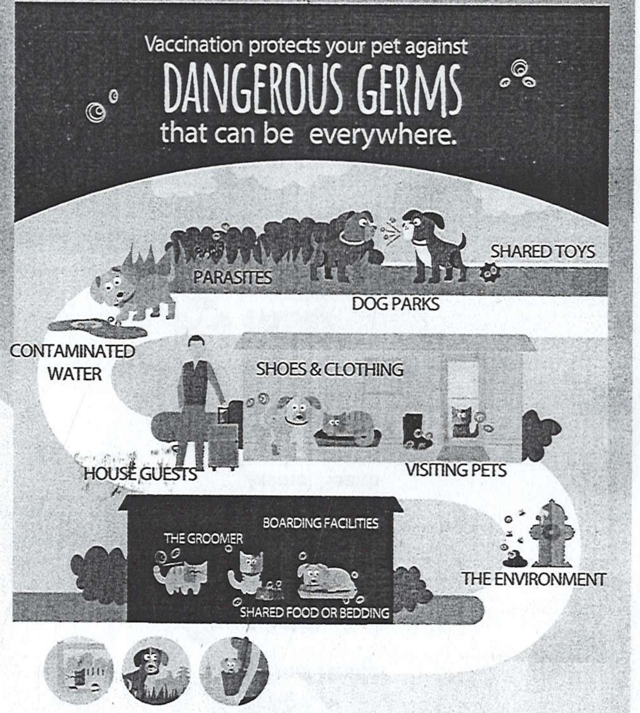
GARDEN ROUTE SPCA
PO.BOX 258
GEORGE 6530
TEL: 044 693 0824 / 072 281 1761

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours
Monday & Wednesday: CLOSED
Tuesday & Thursday: 9:00 to 11:00 and 15:00 to 16:00
Friday – 12:00 to 16:00
Saturday, Sunday & Public Holidays: Closed

MY OWNER

NAME	Lizette Celliers
POSTAL ADDRESS	
STREET ADDRESS	34 Albertinia Road
	Fraaiuitsig
HOME PHONE	
WORK PHONE	
CELLPHONE	082 393 2748.
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	White
SEX	Female
DATE OF BIRTH	May 24
MICROCHIP/TATTOO	992003000356231
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
2/8/2024	Rabies only	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
23/5/24	352806 R1 Batch: 02071447C Manf.: 04SEP23 Exp.: 04MAR24 Nobivac H-PiCh; Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Ut. av./Exp.: E48017 28/01-2025	AWA
5/7/24	352806 R1 Batch: 02071444B Manf.: 26MAR24 Exp.: 26SEP25 Nobivac 1-HCP2h	M.N
	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	

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 (isoquinoline) 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

Quantel

Exitel Plus

Exitel Plus XL

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facebook.com/BravectoSouthAfrica

ADMISSION No.
TOELATINGSNR. MBY0133

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and or ID Tag Nur		992003000356231	

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): Lizette Celliers

HOME ADDRESS
WOONADRES: 34 Albertinia Rd, Fraaiuitsig

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7506290030088

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

(B):
(W):

CELL No:
SELFOON Nr: 082 393 2748

FAX No:
FAKS Nr:

E-MAIL:
E-POS. lizettecelliers07@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3554

VEHICLE REG No.
VOERTUIG REG Nr. CJS 72585

VEHICLE MAKE:
VOERTUIG MAAK: Nissan

COLOUR:
KLEUR: Pers

SIGNATURE
HANDTEKENING: Celliers

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING.

DATE / DATUM: 13/07/2024

~~Still deciding on cat.~~ Ci mopsy.

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Mev. Lizette Celliers

HOME ADDRESS: 34 Albertinia Road Fraaiuitsig
Klein brak Rivier ID NO.: 7506290030088

POSTAL ADDRESS: 5 Industrie weg, Die Voorbaai

TEL NO (H): ______ (B): ______

CELL NO: 082 393 2748 FAX NO: ______

EMAIL: lizettecelliers07@gmail.com

Address where animal will be kept: 34 Albertinia Road Fraai uitsig.

Occupation: Admin

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

Are you a student with consent to keep pets: ~~YES~~/NO (circled)

Reason for wanting animal: friend for current Kietter

Is the animal for yourself? YES (circled)/~~NO~~

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary ~~YES~~/NO (circled)

What breed of dog or cat are you interested in? ______

Can you afford private fees? ______ Who is your vet? ______

How many animals live on the property? DOGS? 0 CATS? 1 OTHERS 0

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

Are all your animals sterilised? Give details Yes done as soon as Cat recieved.

How many dogs and cats have you owned in the last 3 years? DOGS? 0 CATS? 1 OTHER? 0

Which animals do you still have, and what happened to the others? Cat - Kietter

Is your property fenced and has a proper gate? 3 Sides ~~No~~ Will you chain/ an animal? No

Full description of the fencing and gate: Precast wall 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: 3537

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 Celliers **Date of application** 06/07/24

Vou en skeur af.

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

SOUTH AFRICA
Permit Mail
P4010395

REKENINGNOMMER:	28-000508-004-9
DATUM VAN REKENING:	25/06/2024
LAASTE KWITANSIE DATUM:	24/06/2024
VOORAFBETAALDE METERNOMMER:	01081467530

Naam:
MOLL WF & AS
Liggingsadres:
34 ALBERTINIAWEG FRAAIUITSIG
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
1440.00	508000	1300000	4

DATUM		BESONDERHEDE LESINGDATUM: 15/05/24	BEDRAG
		BALANS OORGEBRING	3245.89 -
21/06/2024	0108146753	ELEKTRISITEIT 04/05/2024-01/06/2024	325.79 *
		BASIES 283.30	
		VAT/BTW 42.49	
21/06/2024	CLUL287	WATER 16/04/2024-15/05/2024	466.53 *
		2095 - 2119 (24 Kl 29 Dae)	
		BASIES 224.17	
		07/23 5.72 @ 0.000 = 0.00	
		. 13.35 @ 9.186 = 122.64	
		. 4.93 @ 11.942 = 58.87	
		VAT/BTW 60.85	
21/06/2024	300004	VULLIS	274.89 *
21/06/2024		BELASTING PAAIEMENT	355.92
		KWITANSIES	200.00 -
		BTW OP '*' ITEMS: 139.19 ACB TOT: 0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
2022.76-	0.00	0.00	0.00	2022.76-

BETALINGS MOET OP OF VOOR DIE VERVALDATUM GEMAAK WORD	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/07/2024	2022.76-

VAT No. / BTW Nr. 4830118370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betalings Besonderhede

Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
Verwys. Nr.: 280005080049

EasyPay >>>>>9152628000508004 93

pay@
11379 280005080049

Message / Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

Mossel Bay MUNICIPALITY

MOLL WF & AS
POSBUS 7245
FLAMWOOD
2572

280005080049

Fold and tear on perforation

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY0133 DATE: _____

between Mosselbay SPCA

and

Name Lizette Celliers

Address 34 Albertinia Road, Fraaiuitsig

Telephone Numbers (H) (B) 082 393 2748

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

Animal's Name Sex FEMALE Age 3 months

Description DSH

On (due date) 02/08/2024 Adoption Form No. MBY 0133

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: Celliers For SPCA: _____

CONFIRMATION OF RABIES VACCINATION:

Vet: _____ Signed: _____

Date: _____

Conditions:

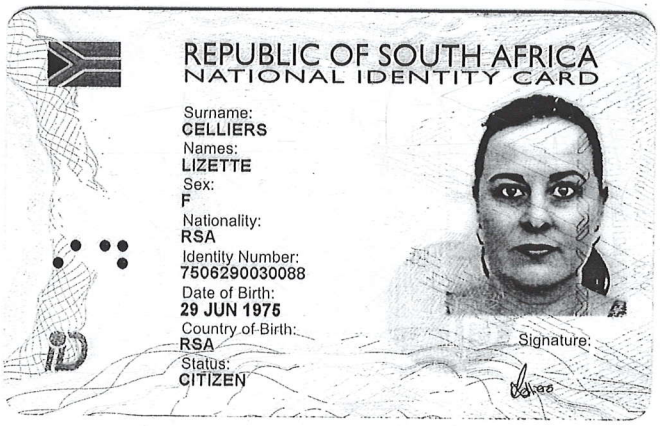
This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
01 MAR 2019

28114

110073526



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
CELLIERS
Names:
LIZETTE
Sex:
F
Nationality:
RSA
Identity Number:
7506290030088
Date of Birth:
29 JUN 1975
Country of Birth:
RSA
Status:
CITIZEN

Signature:

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROC

992003000356231

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. * 0823932748 Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * lizetteccelliers07@gmail.com If possible, please provide a personal email, not a company email.

Title * MRS Initials * L Surname * CELLIERS

Street 34 ALBERTINIA City FRAAIUITSIG

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 CHORDNUM

PET DETAILS

Pet Name MOT Date of birth 2024 M M D D

Species * FELINE Breed * DSH

Colour WHITE Markings

Gender Male X Female Sterilised X Yes No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said Veterinarian and / or it's office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal information to VIRBAC (Supplier of the Chip), in order for Virbac to lodge the clients personal information on their database for tracking purposes. The client also agrees that where other relevant institutions need to trace a lost animal, and they use that code on Virbac's website they will be given the personal information of the owner of said animal. The client also agrees that his / her personal information may be used by Virbac to forward him / her a Newsletter as well as to send him / her general information concerning pets. The client acknowledges that he / she has a right to object to the processing of its personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE Lelliers

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