

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract Done 09/07/2024
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 992003000356234

ADMISSION NO:

MBY 2987

CONTRACT NO:

MBY 0132

SOPHIE

Adoptee INFO:

Name & Surname C. Janse van Rensburg

Contact INFO: 0725081812

Completed by: [Signature]

Date: 10/07/2024

Manager: [Signature]

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



Garden Route

KENNEL No. CUB181 C2		ADMISSION No. MBY2987				
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in 13/06/24.			Time in 11:00		Date for release	

IDENTIFICATION & LOST AND FOUND

Microchip/Collar or ID tag found ☒	Yes ☐ No ☒	Date scanned or checked 13/06/24.	Lost & Found checked ☒ Yes ☐ No ☐	Lost & Found Date checked 13/06/24.
		Microchip or ID Tag number		

DESCRIPTION & HISTORY

Dog	☒ Cat	Other species (Specify)			
Breed	DSH		Colour and Markings	Ginger + White	
Condition	Fair		Sex	♀	Age 2 months
Temperament	Fair		Sterilisation details	no.	Name
Coat Long Short	Tail long	Teeth Condition Fair	Ears up	Size small	
Area found / collected from Jail - pinnacle point			Date 13/06/24.		
Reason for surrender Stray picked up.					

ASSESSMENT

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

COMMENTS:

Surrendered by	Name	Geen
Found by ☒		
Residential Address	F.C.A. Dept. of Correctional services, Louis Fourie Road.	
Postal Address	NIA	
Tel (H) NIA	Tel (W) NIA	Cell 0663858171
Email	- NIA	
Donation R NIA	Cash	Card EFT (Receipt No.) NIA

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: **NIA** Case No: **NIA** Inspector: **NIA**

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 **BONDLOPER / 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, téenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die "Voorwaardes" op die agterblad.**

Signature	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
Details of third Applicant	

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

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.
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, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.
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.
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. Any charges endorsed hereon are due and payable on request.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. The Society will not home any animal unsterilised.
4. Die Vereniging sal geen dier plaas wat ongesteryliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature

Witness for Society signature

Reason for Euthanasia

Euthanasia 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 c



992003000356234

MEDICAL RECORD

Date	Remarks	Treatment	Cost
14/6/24	M. Ibony		
	MX + 2/12/24		
08/07/2024	Antenato + rabies		
	MX + 8/06/24 rabies		
	only		

9/7/24 Sterilized Dr SM

PTS APPROVAL

NAME

SIGN

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
JANSE VAN RENSBURG

Names:
CARINA

Sex:
F

Nationality:
RSA

Identity Number:
7211090064086

Date of Birth:
09 NOV 1972

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

Date of Issue:
25 NOV 2019

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 80

13993



112031001



For Mossel Bay

Section 4-12a



ADOPTION No

ADMISSION

PRE AND POST HOME INSPECTION FORMPASSED: ☒ YES ☐ NO

DATE UNDERTAKEN:

09/07/24

TIME:

12:00

NAME OF APPLICANT:

Cavina Janse v. Rensburg

ADDRESS:

36 Keerom Str, George

HOME TEL No:

CELL No:

0725081812

ANIMAL(S) ADOPTING:

Cat - DLH1

SEX:

Female

AGE:

10 weeks

PRE-HOME INSPECTION:**PROPERTY DESCRIPTION**

Type of fence:

± 6 voet - Pallisade + Pregon

Height of fence:

6 voet

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?

gate

Any hazards? (pool, rubble, razor wire, etc)

YES ☐ / NO ☒

Specify:

N/A

Does applicant live at the address?

YES ☒ / NO ☐

How many animals are on the property?

2

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	X Breed	?			
SEX	male				
AGE	± 4 yrs				
STERILIZED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Very large property, full enclosed.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

SMALL DOGS



CATS



MEDIUM DOGS



EQUINE



LARGE DOGS



OTHER (specify)

INSPECTED BY:

George + Solomé

SPCA:

George

SIGNATURE:

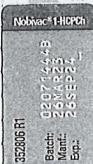
J. Greenwell

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS VACCINATED ON 4

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
14/6/24	 352036 RI Batch: 020716243 Mfgd: 20050322 Exp: 04/03/22	SPCA
8/7/24	 352036 RI Batch: 020716243 Mfgd: 20050322 Exp: 04/03/22	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	

SPECIES	Feline
BREED	Dsh
COLOR	Ginger + white
SEX	Female

DATE OF BIRTH

992003000356234

INSCRIPTION/TATTOO

FEATURES/MARKS

[illegible]

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's up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DHPPi (Reg. No. G2377 Ad36/1947), **Nobivac® KC** (Reg. No. G2604 Ad36/1947), **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Ad36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Ad36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 Ad36/1947), **Nobivac® Rabies** (Reg. No. G2207 Ad36/1947), **Quantel® Tablets** (Reg. No. G2717 Ad36/1947) Contains Praziquantel (isoinoline) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet. **Exitel Plus** (Reg. No. G4226 Ad36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. **Exitel Plus XL** (Reg. No. G4227 Ad36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Ad36/1947) each chew contains 25 mg Fluralaner per kg body weight.



RABIES MOVEMENT PERMIT

[illegible]

DEWORMER FOR DOGS AND CATS

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!

Exitel Plus Exitel Plus XL

RESEARCHER'S NOTE: The following information is for informational purposes only and is not intended to be used for medical or other professional purposes. It is not a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read in this advertisement. © 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674

PRACTICE STAMP



Animal Health

Intervet South Africa (Pty) Ltd. Reg. No. 1991/006580/07

20 Spartan Road. Spartan. 1619. RSA | Private Bag X2026. Isando. 1600. RSA
interior South Africa (t) 011 550 1111, neg. No. 199 770 000 300 07

Tel: +2711 923 9300 Fax: +2711 392 3158 Sales Fax: 086 603 1777

www.msda-animal-health.co.za ZA-NOV-211200001

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 VETER NARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE _____

Ad. Sile

DATE _____

2021/70/60

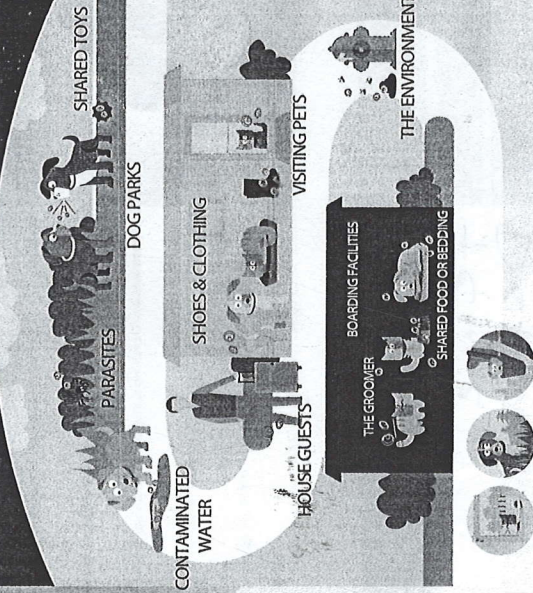
DOCTOR'S NAME _____

Dr A. S. Allen.

VACCINE RECORD CAR

Vaccination protects your pet against

DANGEROUS GERMS
that can be everywhere.



PET'S NAME _____

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONGABA

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



RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0132

DATE: 13/07/2024

between

Mosselbay

SPCA

and

Name

C. Janse v. Rensburg

Address

36 Keerom str, George

Telephone Numbers (H)

(B) 072 508 1812

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

10 weeks

Description

DLH Ginger + white

On (due date)

08/08/2024

Adoption Form No.

MBY 0132

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:

For SPCA:

CONFIRMATION OF RABIES VACCINATION:

Vet:

Signed:

Date:

1412487
50941E

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): C. Janse u Kensburg

HOME ADDRESS: 36 Keerom Str, George

ID NO.: 7211090064086

POSTAL ADDRESS: 8005 bo

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

CELL NO: 0725081812 FAX NO: _____

EMAIL: caringjur0@gmail.com

Address where animal will be kept: 36 Keerom Str, George

Occupation: Police official

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

Reason for wanting animal: Animal lover

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? DSH

Can you afford private fees? Yes Who is your vet? George animal hospital

How many animals live on the property? DOGS? 2 CATS? _____ OTHERS _____

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

Are all your animals sterilised? Give details Only one

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? 2 dogs

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

Full description of the fencing and gate: Palasick fencing & gate Height: 1.8m

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? No

Pre Home Inspection Fee: R100. Receipt No: 3536

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 2024-07-05

ADMISSION No. TOELATINGSNR.

MBY0132



ADOPTION CONTRACT

Garden Route

DOG / CAT Breed

Male/Female

Microchip and or ID



992003000356234

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

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

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

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

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

HOME ADDRESS
WOONADRES: 36 Keerom str, George

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

CELL No:
SELFOON Nr: 0725081812

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

ADOPTION FEE:
AANEMINGSVOOI: R 750

VEHICLE REG No. CAW 74466
VOERTUIG REG Nr.

SIGNATURE
HANDTEKENING:

DATE / DATUM: 2024-7-12



Garden Route

HOND / KAT Ras

Manlik/Vroulik

Mikroskyfie en of ID nSkyfie Nommer:

UITPLASINGSKONTRAK

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 plezier 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 ontkostes 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 ontkostes wat die DBV mag aangaan, insluitende die regskostes 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 verwaarloos 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.

C. Janse v. Rensburg

ID/PASSPORT No.: 72 11090064086
ID/PASPOORT Nr.:

(B):
(W):

FAX No:
FAKS Nr.:

DONATION: KWITANSIE Nr MBY 3550.
DONASIE: RECEIPT No.

VEHICLE MAKE: VW Polo
VOERTUIG MAAK: COLOUR: Wit
KLEUR:

WITNESS FOR SOCIETY: hsg.
GETUIE VIR VEREENIGING.

Keeradres:
Posbus 261001, Excom, 2023

MRS C JANSE VAN RENSBURG
36 KEEROM STREET
GEORGE
6529

Fisiese Adres:
Petroleumstraat 337
Waltloo
0184

Kontakinligting:
Skakelbord:
Navrae: 0861 GOC/
0861-462-2
Verlore kaart: 0800-11-11
Verlore kaart (Intl): +27 11 501
Faks: (0)11 332-7
E-pos: contactcard

Kredietkaartstaat vir die periode

11 Jun 2024 tot 10 Jul 2024 (30 dae)

Rekeningnommer: 4787-6925-0030-5011

Staatdatum:

vir 2024 tree
erking.
a of jou

Rekeningopsomming

VISA Prei

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIP NUMBER



992003000356234

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. * 0725081812 Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.
 E-mail * carinajvr@gmail.com If possible, please provide a personal email, not a company email.
 Title * MRS Initials * C Surname * JANSE V RENSBURG
 Street 36 KEEROM STR City
 Suburb Area Code GEORGE
 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 SOPHIE Date of birth 2024 M M D D
 Species * D FELINE Breed * DLH
 Colour GINGER + WHITE Markings
 Gender Male ☒ Female Sterilised ☒ Yes ☐ No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? ☐ Yes ☐ No
 KUSA Registration Number
 Pet Registered Name

MEDICAL

Medical Conditions
 Medical Insurance Company
 Medical Insurance Policy Number
 Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

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

REGISTRATION PROCESS - Please use one of the following option to register on the backhome database

- 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