

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 992003000356237

ADMISSION NO:

MBY 2970

CONTRACT NO:

MBY 0134

SPLIT

Adoptee INFO:

Name & Surname Adele Nortji

Contact INFO: 0822585439

Completed by: [Signature]

Date: 10/07/2024

Manager: [Signature]

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

202009



Garden Route

KENNEL No. <u>C2</u>				ADMISSION No. <u>MBY2970</u>			
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia	
Date in <u>06/06/24</u>		Time in		Date for release			

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

DESCRIPTION & HISTORY	Dog	Cat x <u>3</u>	Other species (Specify) <u>B I I</u>			
	Breed	<u>D. SH</u>	Colour and Markings <u>Multi Colours Split face + orange</u>			
	Condition	<u>Fair</u>	Sex	<u>♀ x 2 ♂ x 1</u>	Age <u>?</u>	
	Temperament	<u>friendly</u>	Sterilisation details	<u>No</u>	Name	
	Coat <u>S!</u>	Tail <u>L</u>	Teeth Condition <u>Fair</u>	Ears <u>Pricked</u>	Size <u>M</u>	
	Area found / collected from	<u>Danaboy</u>	Date <u>06/06/24</u>			
	Reason for surrender	<u>To much Cats</u>				

ASSESSMENT		Surrendered by		Name		<u>Shannon Munn</u>
GOOD WITH: Yes No		Found by				
Children		Residential Address		<u>101 Pines Street, Mossel Bay</u>		
Cats				<u>Danaboy</u>		
Other Dogs		Postal Address				
Livestock/Other		Tel (H) / 0 NUM		Tel (W) / 0 NUM	Cell <u>067 000 7751</u>	
DO THEY: Yes No		Email		<u>shannon1.munn@gmail.com</u>		
Jump Fences		Donation R <u>N/A</u>		Cash	Card	EFT (Receipt No.) <u>N/A</u>
Run Away						
COMMENTS:						

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 uitdrukklik 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	<u>[Signature]</u>	Witness for Society	<u>[Signature]</u>
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, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.
2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. Die Vereniging sal geen dier plaas wat ongesteiriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

Tel No (h): _____ Tel No (w): _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID tag given	Yes ☐ No ☐	Microchip / ID tag details
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MEDICAL RECORD

Date	Remarks	Treatment	Cost
7/6/24	Milpro		
	NXT - 5/7/24		
5/7/24	Antibiotic + rabies		
	NXT - 2/8/24		
	rabies		

PTS APPROVAL

NAME	SIGN
9/7/24	sterilized only DSW.

439

GENERAL HEALTH CHECK

[illegible]



ADOPTION No

ADMISSION

PRE AND POST HOME INSPECTION FORM

PASSED: ☒ YES / NO

DATE UNDERTAKEN: 8-7-24 TIME: 15:45

NAME OF APPLICANT: Adele Nortji

ADDRESS: Str. 6 Montagu, Mosselbaai

HOME TEL No: CELL No:

ANIMAL(S) ADOPTING: Cat and dog (wirehair)

SEX: Both female AGE: 3 months (cat) (dog) 2 yrs.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Brick wall		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?	
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify:	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property?	

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

OTHER INFORMATION / COMMENTS

Great Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ SMALL DOGS☒ MEDIUM DOGS☐ LARGE DOGS☒ CATS☐ EQUINE☐ OTHER (specify)INSPECTED BY: *Humour*SPCA: *Mosselbaai*SIGNATURE: *[Signature]*

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Adele Nortji
POSTAL ADDRESS	
STREET ADDRESS	St 6 Montegu
	Mosselbay
HOME PHONE	
WORK PHONE	
CELLPHONE	0822585439
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DStl
COLOUR	Multi-colour
SEX	
DATE OF BIRTH	
MICROCHIP/TATTOO	
FEATURES/MARKS	



992003000356237

NEXT VACCINATION DUE

DATE	DATE	DATE
2/8/2024	-rabies only	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
7/6/24	35206 RT Nobivac [®] 1 HOPch Batch: 02071437C Mfg: 04SEP22 Exp: 04MAR24	SPCA
5/7/24	35206 RT Nobivac [®] 1 HOPch Batch: 02071437C Mfg: 04SEP22 Exp: 04MAR24	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	
	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	
	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 Act 36/1947), Nobivac[®] KC (Reg. No. G2604 Act 36/1947), Nobivac[®] Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac[®] Feline-HCP (Reg. No. G3880 Act 36/1947), Nobivac[®] Tricat Trio (Reg. No. G3712 Act 36/1947), Nobivac[®] Rabies (Reg. No. G2717 Act 36/1947), Quantel[®] Tablets (Reg. No. G2717 Act 36/1947) Contains Praziquantel (isoquinoline) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet, Exitel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg, Exitel Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg, Bravecto[®] (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

Conditions:

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

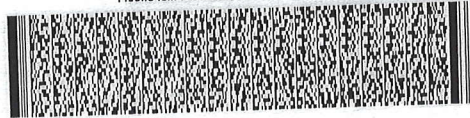
If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:

16 SEP 2016

17170

102939641





MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPLA WASEMOSSELBAYI

Naam:
NORTJE H
Ligingsadres:
6 MONTAGUSTRAAT MOSSELBAAI
BELASTING FAKTUUR MAANDELIJKE REKENING

DIENTE DEPOSITO:	945.00	ERF NOMMER:	3577000	TOTALE WAARDASIE:	0	WYK No:	8
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DATUM	BESONDERHEDE	LESINGDATUM: 24/01/24	BEDRAG
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15/02/2024	ACB3208545KWITANSIES	BALANS OORGEBRING	3490.79
15/02/2024	ACB3208546KWITANSIES		642.62 -
15/02/2024	ACB3208544KWITANSIES		2573.28 -
20/02/2024	226700	ELEKTRISITEIT 20/12/2023-24/01/2024	274.89 -
		389030 - 390400 (1370 kWh 35 Dae)	3896.83 *
		07/23 1370.00 @ 1.998 = 2737.40	
		VAT/BTW 508.28	
		AMPS 651.15	
20/02/2024	64676	WATER 20/12/2023-24/01/2024	897.86 *
		17018 - 17068 (50 K1 35 Dae)	
		BASIES 224.17	
		07/23 6.90 @ 0.000 = 0.00	
		16.11 @ 9.186 = 147.99	
		11.51 @ 11.942 = 137.45	
		11.51 @ 15.524 = 178.69	
		3.97 @ 23.286 = 92.45	
		VAT/BTW 117.11	
20/02/2024	300008	VULLIS	274.89 *
		Balans oorgedra	0.58 -
		BTW OP '***' ITEMS: 661.24 ACB TOT: 3490.79	

ONOPGEDATEERDE DEBIET ORDERS 5069.58

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	5069.58	5069.00

BETALINGS MOET OP VORREKREKING VERVALDATUM GEMAAK WORD	BETAALBAAR OP 15/03/2024	BEDRAG BETAALBAAR 5069.00
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Bladsy 1 van 1

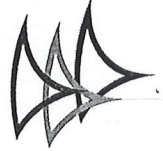


P4010395

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Vou en skeur af.

Mossel Bay
MUNICIPALITY



NORTJE H
POSBUS 2756
MOSSELBAAI
6500

580035770029



VAT No. / ETW 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.: 580035770029

>>>>>915265800357700294



11379 580035770029



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.



RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MB70134

DATE: 11/07/24

between Mosselbay SPCA SPCA

and

Name Adele Nortji

Address Str. 6 Montagu, Mosselbay

Telephone Numbers (H) _____ (B) _____

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. _____

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: [Signature] For SPCA: [Signature]

CONFIRMATION OF RABIES VACCINATION:

Vet: _____ Signed: _____

Date: _____

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIP NUMBER



992003000356237

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

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

PET OWNER INFORMATION

Cell No. *

0822585439

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

E-mail *

adeletjie@gmail.com

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

Title *

MRS

Initials *

A

Surname *

NORTON

Street

STR 6 MONTAGU

City

Suburb

Area Code

MOSSSELBAAI

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 *

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

KATJIE

Date of birth

2024 M M D D

Species *

FELINE

Breed *

DSH

Colour

TRICOLOR

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 _____ 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

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): Adele Natty

HOME ADDRESS: Montagu St. 6 Mosselbaai

ID NO.: 4008170122083

POSTAL ADDRESS: Montagu St. 6 Mosselbaai

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

CELL NO: 0822885039 FAX NO: _____

EMAIL: adele.natty@gmail.com

Address where animal will be kept: Montagu St. 6

Occupation: Self Employed

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

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

Reason for wanting animal: Companion

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? _____

Can you afford private fees? yes Who is your vet? Heiderand dore kinnick

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

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

Are all your animals sterilised? Give details yes

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

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

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

Full description of the fencing and gate: closed wood fence Height: 2m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER bed

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

Pre Home Inspection Fee: R100 Receipt No: 3529

Declaration: The above information is true and correct

I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT

Date of application

5/06/2024

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIP NUMBER



992003000356237

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. * 0822585439

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

E-mail * adeletjie@gmail.com

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

Title * Mrs Initials * A

Surname * NORTSI

Street STR 6 MONTAGU

City

Suburb

Area Code MOSSELBAAI

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 *

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 KATJIC

Date of birth 2024 M M D D

Species * FELINE

Breed * DSH

Colour TRICOLOR

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 its 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

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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

ADMISSION No. TOELATINGSNR.

MBY0134

UITPLASINGSKONTRAK



Garden Route

DOG / CAT	Breed	Male / Female
Microchip and or ID		

992003000356237

This animal has been given to you in full 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: ST 6 Montagu, Mosselbaai

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

CELL No:
SELFOON Nr: 0822585439

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

ADOPTION FEE:
AANEMINGSVOOL: R750

VEHICLE REG No.
VOERTUIG REG Nr: CBS 52544

SIGNATURE
HANDTEKENING:

DATE / DATUM: 11/07/2024



Garden Route

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

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

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

* Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.

* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarloosing van enige dier nie.

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

Adele Nortji

ID/PASSPORT No.: 9008170122083

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: KWITANSIE Nr: 3548

VEHICLE MAKE: Toyota COLOUR: wit

WITNESS FOR SOCIETY:
GETUIE VIR VERENIGING