ADOPTION CHECKLIST

ADMISSION NO: MBY 2706

CONTRACT NO: MBY 0121

BABY PAT

Adoptee INFO:

Name & Surname: Mnr. F. Marais

Contact INFO: 0824779471

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [x] Proof of Residence
- [x] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract: Done 09/07/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number: 992003000356235

Completed by: _____ Date: 10/07/2024

Manager: _____ Date: 11/07/24

FUTURE POST HOME INSPECTION (every 6 Months)	
Date of Inspection	Date of Inspection

This checklist must be completed and attached to the front of every adoption that has been processes.

All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

K40 K39 loaded. K42

ADMISSION, ASSESSMENT AND H

Steri Tuesday

marais

DBV SPCA
Garden Route

KENNEL No.	K 21. 16 K18			ADMISSION No. MBY2706		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	13/05/24		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	(Yes) / No	Lost & Found Date checked	13/05/24.
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	13/05/24	Microchip or ID Tag number	None.

DESCRIPTION & HISTORY					
Dog X.	Cat	Other species (Specify) B/I.			
Breed	X Breed	Colour and Markings	Black & Brown, White		
Condition	Friendly	Sex ♂	Age 1 4 m/cards		
Temperament	Fair.	Sterilisation details No.	Name		
Coat S.	Tail L.	Teeth Condition fair	Ears hang	Size M.	
Area found / collected from	Asla.			Date 13/05/24	
Reason for surrender	Moving				

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	Michaela Cupido		
Residential Address	5985 Adriaans Avenue				
Postal Address	No Postal.				
Tel (H) No num.	Tel (W) No num.	Cell 071 672 4032			
Email	No email.				
Donation R None	Cash	Card	EFT	(Receipt No.) none	

PLEASE INSIST ON A RECEIPT

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

STATEMENT OF SURRENDER

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

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

Signature	Witness for Society MSJoseph.
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 Elenaar / 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 det:

992003000356235

MEDICAL RECORD

Date	Remarks	Treatment	Cost
17/5/24	Vet Checked,		
	D++. keep for		
	a weekend. Decide		
	Monday.		
22/5/24	Triworm + rabies		

Nxt - 7/6/24

03/06/24 - Triworm + rabies

Nxt - June 2025

9/7/24 Sterilised Dr Sm.

PTS APPROVAL	
NAME	SIGN

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL /CAGE #	K16	DATE	
CARD #	MB-1 2706	BREED	X Breed
COLOUR	Black, Brown, White	STRAY/SURRENDER	Surrender
ANIMAL NAME		MALE/FEMALE	Male
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED	NO	AGE	4 months

GENERAL HEALTH CHECK			
EARS	~~NAD~~		
EYES	~~NAD~~		
TEETH	~~NAD~~		
NOSE	~~NAD~~		
LUNGS	~~NAD~~		
HEART	~~NAD~~		
ABDOMEN	~~NAD~~		
HIP	~~NAD~~		
SKIN&COAT	~~NAD~~		
FIT FOR ADOPTION	~~YES~~	NO	
COMMENTS:			

Waiting for municipal feed for having more than 2 dogs.

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 26/06/24 TIME: 15:45

NAME OF APPLICANT: Mnr. F Mavais

ADDRESS: 18 Rooiels Laan, Hartenbos Heuwels

HOME TEL No: CELL No: 0824779471

ANIMAL(S) ADOPTING: Dog - Jack russel X

SEX: Male AGE: 5 months

PRE- HOME INSPECTION:

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

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED	JR	JR			
CONDITION	good	good			
WELFARE (good?)	good	good			
SEX & AGE	Female 1/5	Male 1/5	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS property fenced and secure
Big property

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ **CATS**
- ☑ **SMALL DOGS**
- ☑ **MEDIUM DOGS**
- ☐ **LARGE DOGS**

INSPECTED BY: KURT **SPCA:** Hermanus/Bay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDENROUTE Spca Mosselbay

From: Snyders, Antoinette <asnyders@mosselbay.gov.za>
Sent: Friday, 05 July 2024 08:23
To: GARDENROUTE Spca Mosselbay
Cc: Francois Marais
Subject: RE: Correspondence Reference: 11616472 - File ref 1/2/3/8

Importance: High

Goeie dag Mnr. Marais

Hiermee word goedkeuring verleen vir die aanneem van 'n hond by DBV.

Die amptelike goedkeuring met voorwaardes sal teen middel volgende week aan u gestuur word.

groete

Mossel Bay
MUNICIPALITY

Antoinette Snyders
Assistant Head (Traffic & By-Law Enforcement)
101 Marsh Street, Mossel Bay
Email: asnyders@mosselbay.gov.za
Web: https://www.mosselbay.gov.za
Tel: +27 44 606-5000
Ext: 6306

From: GARDENROUTE Spca Mosselbay <receptionm@grspca.co.za>
Sent: Monday, 01 July 2024 09:09
To: Snyders, Antoinette <asnyders@mosselbay.gov.za>
Subject: FW: Correspondence Reference: 11616472 - File ref 1/2/3/8

Goeie more Me Snyders,

Vind aangeheg die erf inspeksie gedoen deur die SPCA, aansoeker doen aansoek vir meer as 2 honde.

Kind regards
Lavern Joseph
Receptionist
044 693 0824 / receptionm@grspca.co.za

GARDEN ROUTE SPCA
(GEO) 044 878 1990 | (M/B) 044 693 0824
Ossie Urbanweg, George, 6529 | 18 Bill Jeffery St, Boplaas, Mossel Bay, 6506
A/H: (GEO) 082 378 7384 | (M/B) 072 287 1761
GARDEN ROUTE

From: Francois Marais [mailto:f.marais@vodamail.co.za]
Sent: Sunday, 30 June 2024 21:27
To: receptionm@grspca.co.za
Cc: 'Snyders, Antoinette' <asnyders@mosselbay.gov.za>
Subject: FW: Correspondence Reference: 11616472 - File ref 1/2/3/8

Beste Lavern.

Sal julle asseblief die Munisipaliteit voorsien van die nodige verslag soos versoek?

Baie dankie.

Vriendelike groete

Francois Marais
0824779471

From: Francois Marais [mailto:f.marais@vodamail.co.za]
Sent: Sunday, 30 June 2024 9:19 PM
To: 'Snyders, Antoinette' <asnyders@mosselbay.gov.za>
Subject: RE: Correspondence Reference: 11616472 - File ref 1/2/3/8

Beste Antoinette,

U vorige korrespondensie verwys. Sien my antwoorde hieronder:

1. Geskrewe ondersteuning van omliggende bure waarin gemeld word dat hul geen beswaar het teen u aansoek nie en dat die honde nie enige steurnis veroorsaak nie (Aangeheg hiermee 'n voorgeskrewe ondersteuning vorm vir die ondertekening deur die bure asook die voltooiing van hul besonderhede en woonadres); **(2 weerskante van u woning, 3 aangrensend agter u woning, 3 voor aan die oorkant van u woning)** - vind aangehegte vorm, voltooi deur omliggende inwoners soos versoek.
2. Volledige beskrywing van die tipe honde waarna verwys word in die aansoek, die ouderdom van die honde en die tydperk as eienaar van die honde; en – ek het tans 2 Jack Russel tefies, beide gesteriliseer en beide 15 jaar oud, en ek is vir die afgelope 15 jaar die eienaar. Die 3de hond waarvoor aansoek gedoen word, is 'n Jack Russel-kruising, dus ook 'n klein ras hond.
3. 'n Skriftelike verslag van die Dierebeskerming vereniging rakende die woon perseel omgewing en omstandighede van die honde waarna verwys word in u aansoek. Hierdie besoek moet u self reël.

– die DBV het reeds die woon perseel besoek afgehandel en sal die Munisipaliteit voorsien van die nodige verslag.

Ek vertrou u sal bogenoemde in orde vind, en verneem graag spoedig van u.

Vriendelike groete

Francois Marais
0824779471

From: Snyders, Antoinette [mailto:asnyders@mosselbay.gov.za]
Sent: Friday, 28 June 2024 2:25 PM
To: Francois Marais <f.marais@vodamail.co.za>
Subject: RE: Correspondence Reference: 11616472 - File ref 1/2/3/8

Hartlike goeie more

AANSOEK OM MEER AS TWEE HONDE OP ERF AAN TE HOU

Ten einde oorweging te skenk aan 'n aansoek om meer as twee honde op 'n erf aan te hou soos vervat in die Munisipale Verordening insake die regulering van die aanhou van honde, Pk 6678 gedateer 20 November 2009, word die volgende inligting verlang, naamlik:

1. Geskrewe ondersteuning van omliggende bure waarin gemeld word dat hul geen beswaar het teen u aansoek nie en dat die honde nie enige steurnis veroorsaak nie (Aangeheg hiermee 'n voorgeskrewe ondersteuning vorm vir die ondertekening deur die bure asook die voltooiing van hul besonderhede en woonadres); **(2 weerskante van u woning, 3 aangrensend agter u woning, 3 voor aan die oorkant van u woning)**
2. Volledige beskrywing van die tipe honde waarna verwys word in die aansoek, die ouderdom van die honde en die tydperk as eienaar van die honde; en
3. 'n Skriftelike verslag van die Dierebeskerming vereniging rakende die woon perseel omgewing en omstandighede van die honde waarna verwys word in u aansoek. Hierdie besoek moet u self reël.

U word daarop gewys dat kragtens artikel 12(1) van die Verordening insake die regulering van die aanhou van honde, Pk 6678 gedateer 20 November 2009, by die ontvangs van enige aansoek om goedkeuring van hierdie verordening, mag die Munisipaliteit sodanige aansoek goedkeur of weier of onderhewig maak aan vereistes, voorwaardes en beperkings wat nodig geag te wees asook dat permitte elke **2 jaar hersien** word.

groete

Mossel Bay
MUNICIPALITY

Antoinette Snyders
Assistant Head (Traffic & By-Law Enforcement)
101 Marsh Street, Mossel Bay
Email: asnyders@mosselbay.gov.za
Web: https://www.mosselbay.gov.za
Tel: +27 44 606-5000
Ext: 6306

From: Francois Marais <f.marais@vodamail.co.za>
Sent: Wednesday, 26 June 2024 16:45
To: Snyders, Antoinette <asnyders@mosselbay.gov.za>
Subject: Correspondence Reference: 11616472 - File ref 1/2/3/8

Beste Antoinette,

Ek verwys na my e-pos versoek hieronder.

Die SPCA het reeds hulle erf-inspeksie gedoen en laat weet dat hulle die aanneem-proses goedkeur, maar dat hulle vir die Munisipaliteit se goedkeuring wag om die proses te finaliseer.
Ons is baie opgewonde om 'n tuiste vir 'n aanneem-hondjie te gee, en wil graag die hondjie so spoedig moontlik in ontvangs neem.

Ek wil graag hiermee verneem wat van my verwag/vereis/benodig word deur die Minisipaliteit om die proses so gou moontlik te kan afhandel.

Ek verneem graag van u.

Vriendelike groete

Francois Marais
0824779471

From: Francois Marais [mailto:f.marais@vodamail.co.za]
Sent: Monday, 24 June 2024 2:25 PM
To: 'admin@mosselbay.gov.za' <admin@mosselbay.gov.za>
Subject: Vir aandag: A Snyders

Goeie middag,

Ek is in die proses om 'n hondjie aan te neem deur Garden Route SPCA, maar benodig die toestemming van die Munisipaliteit vir die aanhou van 'n 3de troeteldier (hond).

Ek het huidiglik 2 Jack Russel tefies, albei reeds 15 jaar oud, so hulle het ongelukkig ook nie meer baie jare oor om te leef nie. Albei is ook gesteriliseer.
Ek wil dus graag 'n kleinerige ras hondjie deur die SPCA aanneem.

My woonadres is Rooiels Laan 18, Hartenbos Heuwels. Die eiendom is ten volle omhein, steen mure met palisade, 1,8m hoog.

Ek verneem graag van u in bogenoemde verband.

Vriendelike groete

Francois Marais
0824779471

MY OWNER

NAME	F. Marais
POSTAL ADDRESS	
STREET ADDRESS	18 Rooiels laan
	Hartenbos Heuwels
HOME PHONE	
WORK PHONE	
CELLPHONE	0824779471
BREEDER DETAILS	

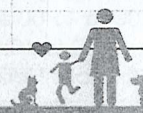
ME

SPECIES	Canine
BREED	X-breed
COLOUR	Black +
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000356235
FEATURES/MARKS	

NEXT VACCINATION DUE

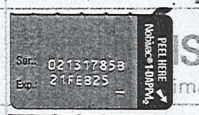
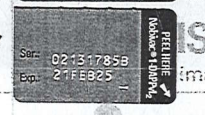
DATE	DATE	DATE
July 2025		

MSD Animal Health



Nobivac... Quantel

I WAS VACCINATED ON

DATE		VET SIGNATURE
17/5/24		SPCA
3/6/24		SPCA
3/7/24		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	

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.

Exitel Plus Exitel Plus XL ECTO

Find us on: facebook.

facebook.com/Bravecto.South/
facebook.com/MsdPetsSa

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
2/5/24	Trinorm		
16/24	Trinorm		

Quantel WORMER FOR DOGS AND CATS

Exitel Plus DEWORMING FOR HAPPIER HEALTHIER DOGS.

Exitel Plus XL

NOTE TO MY OWNER
Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 09/07/2024.

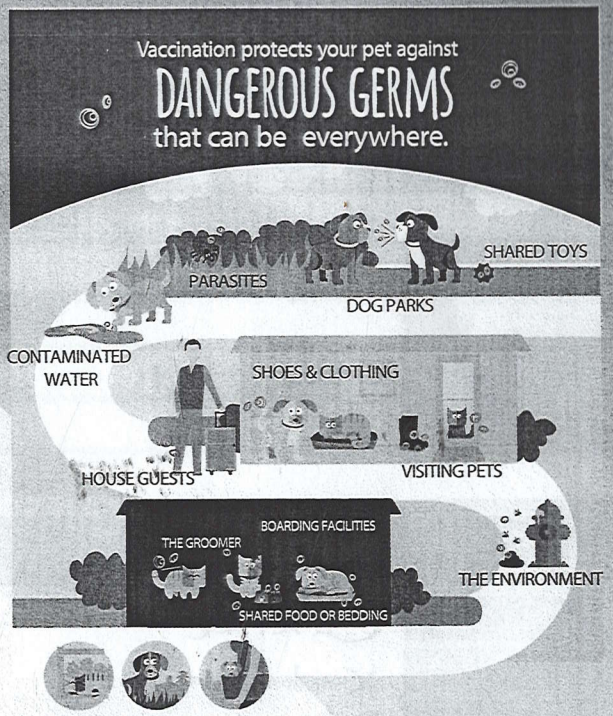
DOCTOR'S NAME Dr S Muller.

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NON-2112000001

VACCINE RECORD CARD



PET'S NAME

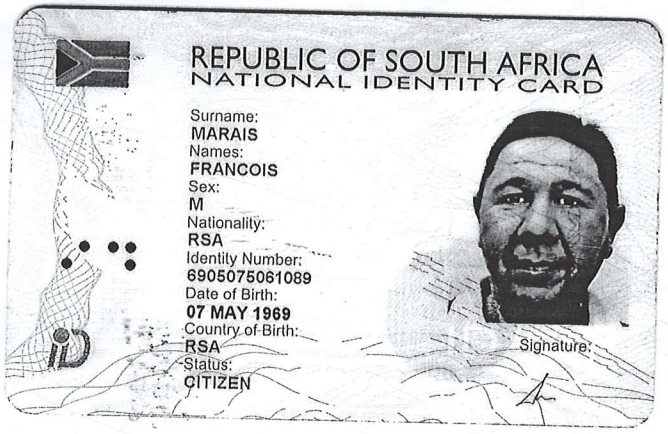
MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

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

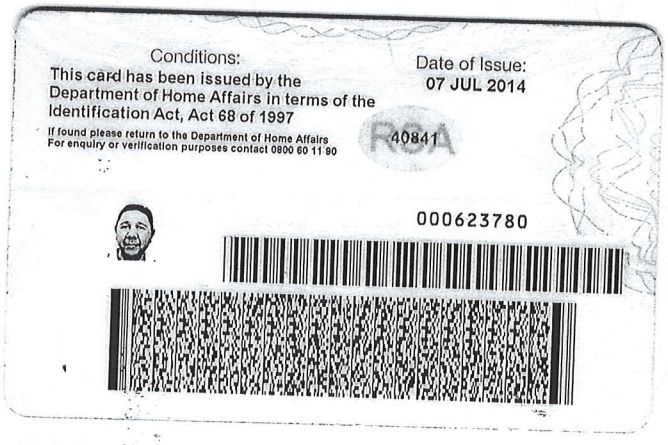
Consulting Hours
Monday & Wednesday: CLOSED
Tuesday & Thursday: 9:00 to 11:00 and 15:00 to 16:00
Friday – 12:00 to 16:00
Saturday, Sunday & Public Holidays: Closed



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MARAIS
Names:
FRANCOIS
Sex:
M
Nationality:
RSA
Identity Number:
6905075061089
Date of Birth:
07 MAY 1969
Country of Birth:
RSA
Status:
CITIZEN

Signature:



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

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

Date of Issue:
07 JUL 2014

RSA
40841

000623780

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	43-002283-002-2
DATUM VAN REKENING:	25/06/2024
LAASTE KWITANSIE DATUM:	24/06/2024
VOORAFBETAALDE METERNOMMER:	01081636472

Naam:
MARAIS F & HE
Liggingsadres:
18 ROOIELSLAAN HARTENBOSHEUWELS
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
600.00	2283000	1800000	7

DATUM		BESONDERHEDE	LESINGDATUM: 20/05/24			BEDRAG
		BALANS OORGEBRING				1864.00
21/06/2024	0108163647	ELEKTRISITEIT 31/05/2024-15/06/2024				434.40 *
		BASIES			377.74	
		VAT/BTW			56.66	
21/06/2024	CMUE600	WATER 18/04/2024-20/05/2024				467.78 *
		8922 - 8947 (25 Kl 32 Dae)				
		BASIES			224.17	
		07/23	6.31 @	0.000 =	0.00	
		.	14.73 @	9.186 =	135.31	
		.	3.96 @	11.942 =	47.29	
		VAT/BTW			61.01	
21/06/2024	300007	VULLIS				274.89 *
21/06/2024	400007	RIOOL				316.44 *
21/06/2024		BELASTING PAAIEMENT				507.38
		KWITANSIES				1864.00 -
		Balans oorgedra				0.89 -
	BTW OP '*' ITEMS:	194.79	ACB TOT:	0.00		

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	2000.89	2000.00

BETALINGS MOET OP OF VOOR DIE VERVALDATUM GEMAAK WORD	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/07/2024	2000.00

VAT No. / BTW Nr. 4830118379

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.: 430022830022

EasyPay >>>>>91526430022830022 7

pay@ 11379 430022830022

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.

SOUTH AFRICA
Permit Mail
P4010395

Mossel Bay
MUNICIPALITY

MARAIS F & HE
ROOIELSLAAN
MOSSELBAAI
6500

430022830022

Fold and tear on perforation

ADMISSION No.
TOELATINGSNR. MBY0121

ADOPTION CONTRACT

DBV SPCA Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and or ID Tag N			

992003000356235

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.

DBV SPCA Garden Route

UITPLASINGSKONTRAK

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): F. Marais

HOME ADDRESS
WOONADRES: 18 Rooiels laan Harrenbos Heuwels

ID/PASSPORT No.:
ID/PASPOORT Nr.: 6905075061089

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

(B):
(W):

CELL No:
SELFOON Nr: 0824 7794 71

FAX No:
FAKS Nr:

E-MAIL:
E-POS. f.marais@vodamail.co.za

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3542

VEHICLE REG No.
VOERTUIG REG Nr: CX15988

VEHICLE MAKE:
VOERTUIG MAAK: Hyundai Tucson

COLOUR:
KLEUR: Storm Beige

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING:

DATE / DATUM: 11/7/2024

Baby Pet
40

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): Mnr F. Marais

HOME ADDRESS: Rooiels laan 18

Hartenbos Heuwels ID NO.: 6905075061089

POSTAL ADDRESS: 3000

TEL NO (H): / (B): /

CELL NO: 0824779471 FAX NO: /

EMAIL: f.marais@vodamail.co.za

Address where animal will be kept: Rooiels Laan 18, Hartenbos Heuwels

Occupation: Bestuurder - Pick'n Pay Fraaiuitsig

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

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

Reason for wanting animal: Diereliefhebber

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? X breed

Can you afford private fees? Ja. Who is your vet? Dr. Frans de Groot

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

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

Are all your animals sterilised? Give details Ja.

How many dogs and cats have you owned in the last 3 years? DOGS? 4 CATS? ___ OTHER? ___

Which animals do you still have, and what happened to the others? 2 Jack Russels. - Dood, was siek

Is your property fenced and has a proper gate? Ja. Will you chain/ an animal? ___

Full description of the fencing and gate: Steen muur, staal hekke Height: 1.8 m

What shelter is provided: OUTDOORS ___ KENNEL ___ OTHER Bly in huis

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

Pre Home Inspection Fee: R100.00. Receipt No: MBY 3507.

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** 24/6/2024

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000356235

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. * 0824779471

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

E-mail * f.maraisoudamail.co.za

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

Title * MR Initials * F Surname * MARAIS

Street 18 ROOIELS City

Suburb Area Code HARTENBOS HEUWELS

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? X Yes No

Name of Vet who implanted the Chip MARY ANN CHORDNUM

PET DETAILS

Pet Name Date of birth 2024 M M D D

Species * DOG Breed * JACK RUSSEL X

Colour BLACK + BROWN Markings

Gender X Male Female Sterilised Y 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