

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 992003000356230

ADMISSION NO:
MBY 3020

CONTRACT NO:
MBY 0138

BUTTONS

Adoptee INFO:

Name & Surname Ben Vorster

Contact INFO: 064 3200930

Completed by: [Signature]

Date: 18/07/2024

Manager: [Signature]

Date: 18/07/2024

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

KURT



Section 4-12a

ADOPTION No: ADMISSION No: **PRE AND POST HOME INSPECTION FORM**PASSED: ☒ YES / ☐ NODATE UNDERTAKEN: 16/07/24TIME: 11:00NAME OF APPLICANT: Ben VorsterADDRESS: Plaas Middeldrift, Mosselbaai

HOME TEL No: _____

CELL No: 0643200930ANIMAL(S) ADOPTING: CatSEX: MaleAGE: 9 weeks**PRE- HOME INSPECTION:**

PROPERTY DESCRIPTION			
Type of fence: <u>Wire fence</u>	Height of fence: <u>2 meter</u>		
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?	<u>1</u>

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	<u>SR</u>				
SEX	<u>male</u>				
AGE	<u>2 1/2 years</u>				
STERILIZED	YES ☐ / NO ☒	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
<u>Big farm / secure and proper fenced / dog in good condition</u>

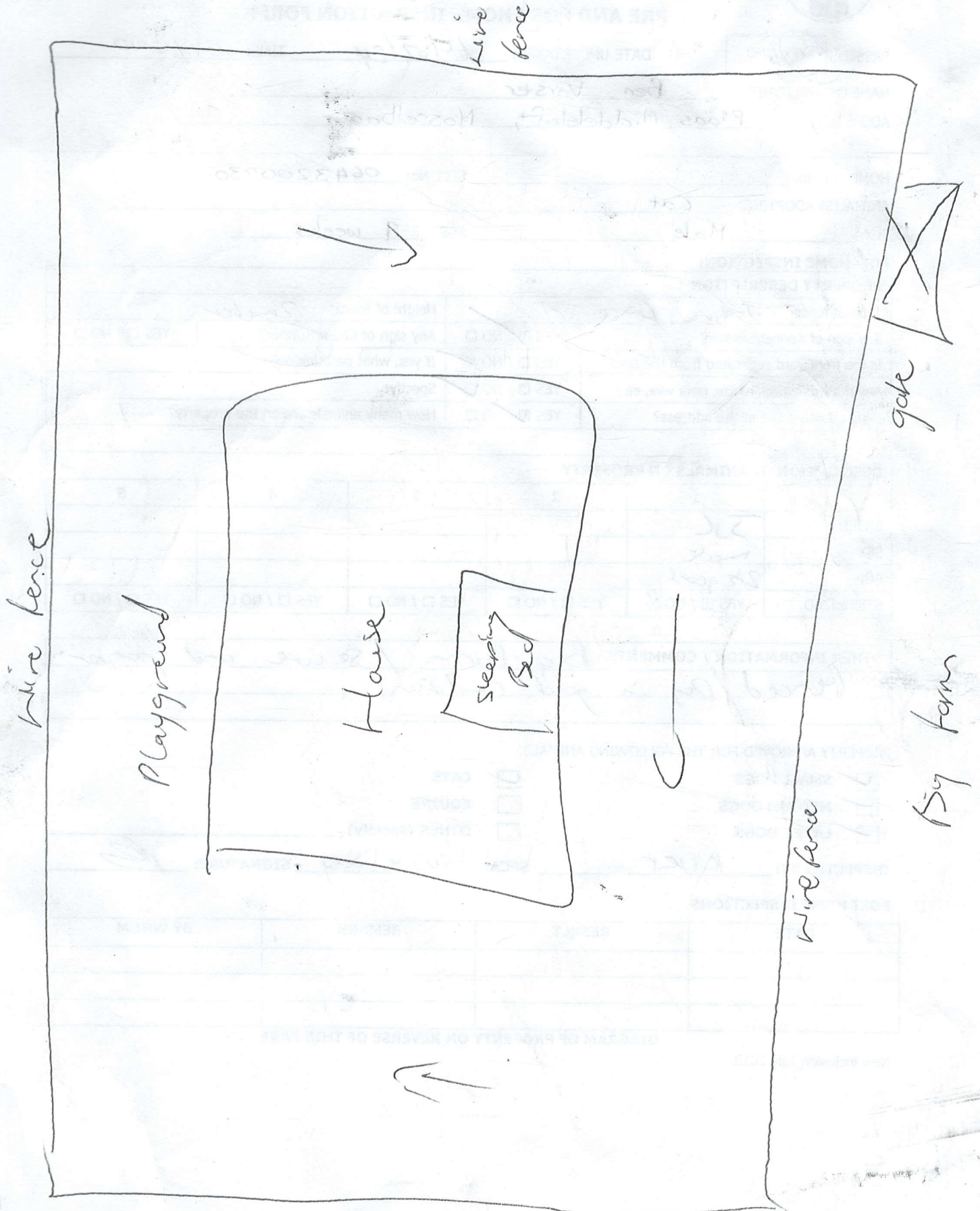
PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ SMALL DOGS☒ MEDIUM DOGS☒ LARGE DOGS☒ CATS☐ EQUINE☐ OTHER (specify) _____INSPECTED BY: KURTSPCA: MosselbaaiSIGNATURE: [Signature]**POST HOME INSPECTIONS**

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Edna Cassen 91 Robb's Street



MY OWNER

NAME Ben Vorster
 POSTAL ADDRESS
 STREET ADDRESS Plaas Middeldrift
Mosselbaai
 HOME PHONE
 WORK PHONE
 CELLPHONE 064 3200930
 BREEDER DETAILS

ME

SPECIES Feline
 BREED Dstl
 COLOUR Ginger
 SEX Male

DATE OF BIRTH
 MICROCHIP/TATTOO

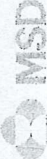
 992003000356230

FEATURES/MARKS

NEXT VACCINATION DUE

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

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
<u>14/6/2024</u>	 Biotic: 020714376 Mant: 0458P22 Exp: 04/2024	<u>SPCA</u>
<u>10/6/2024</u>	 Biotic: 020714448 Mant: 2504R23 Exp: 26/08/24	<u>SPCA</u>
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	

I WAS VACCINATED ON

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

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.
 My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk.
 Now it is up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DHPPi (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2804 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) Contains Praziquantel (isocinoline) 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.

I WAS DEWORMED ON

DATE: PRODUCT: DATE: PRODUCT:

6/24 Milbemox



Exatel Plus

DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER

Regular vaccines as prescribed by my veterinarian and worming 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

John Doe

DATE

09/07/2024

DOCTOR'S NAME

Dr A.S. Nkomo

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
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msdafrica.com

VACCINE RECORD CARD

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
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

ADMISSION, ASSESSMENT AND HISTORY RECORD

LOADED C2



Garden Route

KENNEL No. 1507 MBY3020		ADMISSION No. MBY3020				
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 13/06/24	N/A		Time in 20:45	Date for release		

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

DESCRIPTION & HISTORY	Dog	☒ Cat	Other species (Specify)				
	Breed	RSH		Colour and Markings	Orange		
	Condition	Fair		Sex	male	Age	Juvenile
	Temperament	Fair		Sterilisation details	NO	Name	Buttons
	Coat Short	Tail long	Teeth Condition Fair	Ears up	Size	small	
	Area found / collected from	Komaggas				Date	13/06/24
	Reason for surrender						
	Stray						

ASSESSMENT		Surrendered by		Name	
GOOD WITH:	Yes No	Found by	☒	Muzoko Smith	
Children		Residential Address			
Cats					
Other Dogs					
Livestock/Other					
DO THEY:	Yes No	Postal Address			
Jump Fences					
Run Away		Tel (H)	N/A	Tel (W)	N/A
COMMENTS:				Cell	081 366 0029
		Email	N/A		
		Donation R	N/A	Cash	Card
				EFT	(Receipt No.) N/A

PLEASE INSIST ON A RECEIPT

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

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 uitdruklik 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.**

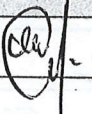
Signature	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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.
1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging 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 ongesterriliseer 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 details	Date _____
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MEDICAL RECORD

Date	Remarks	Treatment	Cost
14/6/2024	M: (b) owner		
	WAC - 12/7/24		
9/7/24	Sterilised Dr SW.		

PTS APPROVAL

NAME	SIGN



WESTERN REGION
PO BOX 377 BELVILLE 7535



ESKOM HOLDINGS SOC LTD REG NO 2002/015527/30
VAT REG NO 4740101508

CONTACT CENTRE: (0860) 037566
FAX NO: 0862 437 566
E-MAIL: customerservices@eskom.co.za
WEB: WWW.ESKOM.CO.ZA

TEL: 08600 37566
SMS:

BEN VORSTER FAMILIE TRUST
SEA BREEZE 24 BEACHEAST DIAZ
MOSSEL BAY
6500

YOUR ACCOUNT NO	7545912232
SECURITY HELD	14584.33
BILLING DATE	2024-07-08
TAX INVOICE NO	754427311926
ACCOUNT MONTH	JULY 2024
CURRENT DUE DATE	2024-08-02
VAT REG NO	0963555248
NOTIFIED MAX DEMAND	16.00

CUSTOMER SELF SERVICE WEBSITE:
<https://csonline.eskom.co.za>

WESTERN REGION
PO BOX 377 BELVILLE 7535

DIRECT DEPOSIT DETAIL
BANK: ABSA
BRANCH CODE: 334110
BANK ACC NO: 340167430

TAX INVOICE

E-MAIL: drhjvos@gmail.com

READING TYPE: ACTUAL	READING DATES: 2024/06/04 - 2024/07/01	NO OF DAYS: 27	SEASON:
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Your next estimated reading will be on 02/08/2024

CONSUMPTION SUMMARY FOR BILLING PERIOD

METER NUMBER	PREV. READING	CURR. READING	DIFFERENCE	CONSTANT	CONSUMPTION
480838415	49814.0000	50260.0000	446.0000	1.0000	446.0000

TOTAL ENERGY CONSUMED FOR BILLING PERIOD (kWh) 446.00

PREMISE ID NUMBER 8223783113 TARIFF NAME: Landrate 4

MIDDELDRIFT, ALBERTINIA

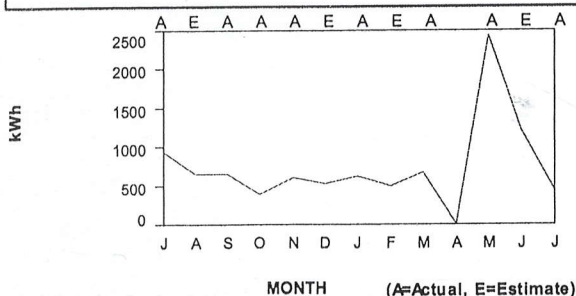
Network Capacity Charge @ R44.34 per day for 27 days R 1,197.18
Network Demand Charge 446 kWh @ R0.5209 /kWh R 232.32
Ancillary service charge 446 kWh @ R0.008 /kWh R 3.57
Energy Charge 446 kWh @ R4.5029 /kWh R 2,008.29

TOTAL CHARGES FOR BILLING PERIOD R 3,441.36

ACCOUNT SUMMARY FOR JULY 2024

BALANCE BROUGHT FORWARD (Due Date 2024-07-02) R 8,600.29
PAYMENT(S) RECEIVED ACB Payment - 2024-06-14 R -8,600.29
TOTAL CHARGES FOR BILLING PERIOD R 3,441.36
VAT RAISED ON ITEMS AT 14% R 0.00
VAT RAISED ON ITEMS AT 15% R 516.20

ARREARS				CURRENT	TOTAL AMOUNT DUE	R	3,957.56
>90 DAYS	61-90 DAYS	31-60 DAYS	0.00				
0.00	0.00	0.00					



PAGE RUN NO	EE 826
BILL GROUP	
BILL PAGE	1 OF 1

ACCOUNT NO / REFERENCE NO
7545912232

NAME
BEN VORSTER FAMILIE TRUST

FAX NUMBER

0934 7545912232



TOTAL AMOUNT DUE
3,957.55

PAYMENT ARRANGEMENT

INSTALMENT 0.00

ARREARS 0.00

DUE DATE 2024-08-02

AMOUNT PAID

LATE PAYMENT CHARGES WILL BE
ADDED TO OVERDUE ACCOUNTS

DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO

SAAG SOUTH AFRICA
ZA

BJ VORSTER

ID No.: 02/6202095100083 MALE

Birth/Geborte: 09/02/1969 ZA Restr./Beperk: 0

Lic. No./Lisensien: 60150001DM68 No.: 1

Valid/Geldig: 29/07/2021 - 15/09/2026

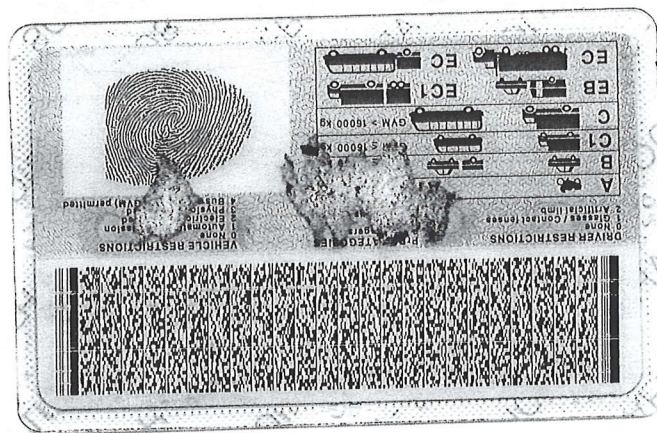
Issued/Uitgereik: ZA

Code/Kode: A EB

Veh. restr./Voertuigbeperking: 0 D

First issue/Eerste uitreiking: 13/06/2001 13/06/2001







RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0138

DATE: 18/07/2024

between Mosselbaai SPCA

and

Name Ben Vorster

Address Plaas Middeldrift, Mosselbaai

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 Male Age _____

Description: Ginger DSH

On (due date) 10/08/2024 Adoption Form No. MBY 0138

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

MICROCHIP NUMBER



992003000356230

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. * 0643200930

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

E-mail * vorsterben9@gmail.com

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

Title * MR Initials * B

Surname * VORSTER

Street PLAAAS MIDDELDRIEF

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 * 18 - 07 - 2024

Date of Implant * 10 - 07 - 2024

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip

MARY ANN CHORONUM

PET DETAILS

Pet Name

Date of birth

2024 M M D D

Species * FELINE

Breed *

DSH

Colour GINGER

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 *

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

www.backhome.co.za • Tel: 011 852-8120 or or 011 027 8837 • Fax: 0800 222 546

ADMISSION No. TOELATINGSNR.

MBY0138



ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female
Microchip and or ID		

992003000356230

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):

Ben Vorster

HOME ADDRESS
WOONADRES: Plaas Middeldrift, Mosselbaai

ID/PASSPORT No.:
ID/PASPOORT Nr.: 6202095100083

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

(B):
(W):

CELL No:
SELFOON Nr: 0643200930

FAX No:
FAKS Nr:

E-MAIL:
E-POS: vorsterben9@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3559

VEHICLE REG No.
VOERTUIG REG Nr. CB5 63157

VEHICLE MAKE:
VOERTUIG MAAK: NISSAN

COLOUR:
KLEUR: SILVER

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING

DATE / DATUM: 18/07/24



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 familielede 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 klient skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoonde 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 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.

Burton's

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.



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NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Mrs Ben Vorster

HOME ADDRESS: Plaas Middelburg, Mosselbaai

ID NO.: 6202095100083

POSTAL ADDRESS: _____

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

CELL NO: 0643200930 FAX NO: _____

E-MAIL: vorsterben9@gmail.com

Address where animal will be kept: as above

Reason for wanting an animal: _____

Occupation: Boer

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 an animal: _____

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? ginger male cat

Can you afford private veterinary fees? Yes Who is your vet? Danabai vets

How many animals live on your property DOGS 1 CATS _____ OTHER _____

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

Are all your animals sterilised? Give details NO

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

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

Is your property fenced and has a proper gate? Fair Will you chain/cage an animal? NO

Full description of the fencing and gate: _____ Height: _____

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER Inside

Have you previously had pets from an SPCA? NO Are there children under the 10 years in your household? NO

Pre Home Inspection Fee: R100 Receipt No.: 3530

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 11/07/2011

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Date of application