ADOPTION CHECKLIST

ADMISSION NO: MBY 3074

CONTRACT NO: MBY 0142

- [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 Already done, Dr checked on 18/07/24.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486819

Adoptee INFO:

Name & Surname Johny Dalton

Contact INFO: 0728505440

Completed by: _____ Date: 19/07/2024

Manager: _____ Date: 19/07/2024

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.

female - Jack Russel.

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

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

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Johny & Connie Dalton

HOME ADDRESS: 33 Kerkstraat, Albertinia

ID NO.: 6311 1128 0238 085

POSTAL ADDRESS: 33 Kerkstraat, Albertinia, 6695.

TEL NO (H): — (B): —

CELL NO: 0760259921 FAX NO: —

E-MAIL: prinsesconniedalton58@gmail.com.

Address where animal will be kept: 33 Kerkstraat, Albertinia

Reason for wanting an animal: Soek 'n maatjie vir hul handjie

Occupation: Pensioenarisse.

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

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

Reason for wanting an animal: Soek 'n maatjie vir hul handjie

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? Jack Russel

Can you afford private veterinary fees? Yes Who is your vet? Have dog sure insurance Mosselbay Diere Kliniek

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 Nog nie - hy nou 4 maande (walter).

How many dogs and cats have you owned over the past 3 years? DOGS 2. CATS — OTHER —

Which animals do you still have, and what happened to the others? 1 died of old age - owner collected him

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

Full description of the fencing and gate: 6 voet Beton mure agter en 6 voet staal heining voor. Sliding Iron gate Height: 6 voet

What shelter is provided : OUTDOORS — KENNEL — OTHER Sleep in house.

Have you previously had pets from an SPCA? Yes Many years ago. Are there children under the 10 years in your household? No.

Pre Home Inspection Fee: Receipt No.:

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 C Dalton **Date of application**

Approved on 18/7/24.

18/7/24.

ADMISSION, ASSESSMENT AND HISTORY RECORD

LOADED

DBV SPCA
Garden Route

KENNEL No. K~~A~~ 32				ADMISSION No. MBY3074		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 19/6/24			Time in		Date for release	

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

DESCRIPTION & HISTORY					
Dog X	Cat	Other species (Specify)			
Breed	X J.R.	Colour and Markings	Wht		
Condition	Fair	Sex	Male	Age	
Temperament	Friendly	Sterilisation details	Yes	Name	Lucky
Coat S	Tail L	Teeth Condition	Ears Up	Size	Small
Area found / collected from	Albertinia			Date	19/6/24
Reason for surrender	Compl.				

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

Surrendered by / Found by	Name	Lt + Wife			
Residential Address	9 Tank Place Albertinia				
Postal Address					
Tel (H)	Tel (W)	Cell 0733338117.			
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

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

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, indie 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	Microchip / ID tag details
		No	

992003000486819

MEDICAL RECORD

Date	Remarks	Treatment	Cost
21/6/24	Rabies + trwm		
	MXT / 21/7/24		
18/7/24	[illegible]		

PTS APPROVAL

NAME	SIGN

MY OWNER

NAME	Johny Dalton
POSTAL ADDRESS	
STREET ADDRESS	33 Kerk str.
	Albertinia
HOME PHONE	
WORK PHONE	
CELLPHONE	0760259921 / 2
BREEDER DETAILS	0728505440

ME

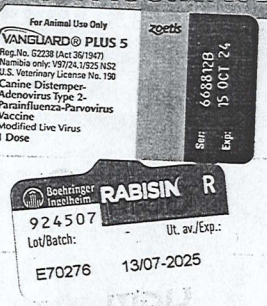
SPECIES	Canine
BREED	Jack Russel
COLOUR	White/brown
SEX	Female
DATE OF BIRTH	
MICROCHIP/T	992003000486819
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
18/08/24.		

I WAS VACCINATED ON

DATE	VET SIGNATURE
21/06/24.	AWA.
18/07/24.	AWA.



I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

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.

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

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 18/07/2024.

DOCTOR'S NAME Already sterilized

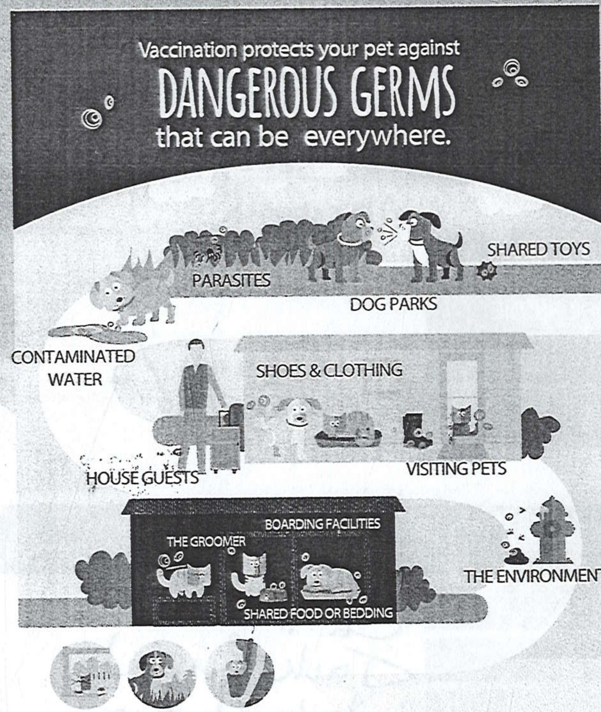
Garden Route SPCA
P.O. Box 258
George,6530
Ph (044) 693 - 0824

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

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

ADMISSION No.
TOELATINGSNR. MBY0142

ADOPTION CONTRACT

DBV SPCA Garden Route

DOG / CAT	Breed	Male/Female
Microchip and or ID Tag Number: 992003000486819		

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

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

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

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

UITPLASINGSKONTRAK

DBV SPCA Garden Route

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

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

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

** Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.*
** Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarlosing van enige dier nie.*

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

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

HOME ADDRESS
WOONADRES: 33 Kerk Str, Albertinia

ID/PASSPORT No.:
ID/PASPOORT Nr.: 6116265022088

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

(B):
(W):

CELL No:
SELFOON Nr: 0728505440

FAX No:
FAKS Nr:

E-MAIL:
E-POS. johnydalton50@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3565

VEHICLE REG No.
VOERTUIG REG Nr. CES 182 1

VEHICLE MAKE:
VOERTUIG MAAK: RAV 4

COLOUR:
KLEUR: BRUIN

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 19/07/2024

Lady.

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): Mr. WJ DALTON (Walter) Johny & Connie

HOME ADDRESS: 33 KERK STR ALGOATHINIA.

6116260522088 ID NO.:

POSTAL ADDRESS: 33 KERKSTR ALBERTINIA.

TEL NO (H): — (B): 0128505440

CELL NO: 076 025 9994 FAX NO:

EMAIL: johnydalton50@gmail.com.

Address where animal will be kept: 33 KERK STR ALBERTINIA.

Occupation: PENSIONER.

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

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

Reason for wanting animal: Animal lover.

Is the animal for yourself? (YES)/NO

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

What breed of dog or cat are you interested in? FOX TERRIER.

Can you afford private fees? YET Who is your vet? MOSSELBAY VET.

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

What are the sexes of your animals? DOGS: Male 1 Female ____ DOGS: Male ____ Female ____

Are all your animals sterilised? Give details NOT YET.

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? HAD TO PUT DOWN (EATING)

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

Full description of the fencing and gate: OWN GATE Height: 1,8 M

What shelter is provided: OUTDOORS YES KENNEL YES OTHER —

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

Pre Home Inspection Fee: R100.00 Receipt No: MBY 3357.

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 15/07/2024

DBV SPCA

00 ADOPTION No ______ ADMISSIO ______

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO DATE UNDERTAKEN: 19/7/24 TIME: 10h30

NAME OF APPLICANT: Connie Dalton

ADDRESS: 32 Kerkstraat
Albertinia

HOME TEL No: — CELL No: 0728505440

ANIMAL(S) ADOPTING: Jack Russel

SEX: ______ AGE: ______

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Beton agter / staal panele voor		Height of fence: 8 voet	
Any sign of Kennel/Shelter?	YES ☐ / NO ☒	Any sign of Chain/Runner?	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☒ / NO ☐	If yes, what partitioning?	Yard het beton en hek aan kant v.d. huis maar dit staan oop.
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify: N/A	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property? 1	

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

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Tina Smal **SPCA:** Mosselbaai **SIGNATURE:** [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000486819

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. * 0728505440 Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * johnydalton50@gmail.com If possible, please provide a personal email, not a company email.

Title * MR Initials * J Surname * DALTON

Street 33 KERK City

Suburb Area Code ALBERTINIA

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 * 19 - 07 - 2024

Date of Implant * 19 - 07 - 2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip Ndyebongela

PET DETAILS

Pet Name Date of birth 2022 M M D D

Species * DOG Breed * JACK RUSSEL

Colour WHITE + BROWN Markings

Gender Male X Female Sterilised X Yes No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

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

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

HESSEQUA
MUNISIPALITEIT
MUNICIPALITY
U MASIPALA

BTW NR: 4780193258

BELASTING FAKTUUR

DALTON WJ & CM
KERKSTRAAT 33
ALBERTINIA
6695

BTW Nr.: 00000000000

BELASTING FAK Nr.	3331
STAAT DATUM	2024/03/26
REKENING NOMMER	5100000290
DEPOSITO	230.24

MARK WAARDE	TARIEF BEDRAG	KORTING	AFSLAG	KORTING PERS.
793000	0.0072130	50000.00		

DIENS	KODE/ DATUM	BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	BALANS
	Verbrk	4664.18	-309.14	117.96	17.69	0.00	-3991.90	498.79
	Basies	2558.75	-169.59	175.00	26.25	0.00	-2189.95	400.46
	03/26	3199.30	-212.05	219.00	32.85	0.00	-2738.16	500.94
	03/26	3078.30	-204.03	200.00	30.00	0.00	-2634.60	469.67
rates	03/26	6088.98	-403.57	446.60	0.00	0.00	-5211.35	920.66
SUB TOTAAL		19589.51	-1298.38	1158.56	106.79	0.00	-16765.96	2790.52
IN	03/05	169.28	-12.66	0.00	0.00	21.78	-163.52	14.88
IN	03/05	215.09	-16.06	0.00	0.00	27.23	-207.39	18.87
IN	03/05	210.88	-15.72	0.00	0.00	26.32	-203.01	18.47
IN	03/05	333.29	-24.88	0.00	0.00	42.05	-321.24	29.22
IN	03/05	1.02	-0.08	0.00	0.00	0.12	-0.97	0.09
IN	03/26	0.40	-0.03	0.00	0.00	0.00	-0.34	0.03
SU	02/28	12.46	-12.46	0.00	0.00	0.00	0.00	0.00
SUB TOTAAL		1434.57	-106.02	0.00	0.00	177.45	-1368.99	137.01

BEHUISING KAPITAAL:

	BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	VERSKULDIG
TOTALE:	21024.08	-1404.40	1158.56	106.79	177.45	-18134.95	2927.53

REELING : TOTAAL : 19784.67 PAAIMENT : 1649.72 U/S : 18134.95

VERVAL DATUM 2024/04/22	REELING 18134.95
	BEDRAG VERSKULDIG 2927.53

MUNISIPALITEIT / MUNICIPALITY
HESSEQUA
U MASIPALA

SKEUR ASSEBLIEF AF EN STUUR TERUG MET BETALING

BETAAL DATUM	2024/04/22
BEDRAG	2927.53

WATER		ELEKTRISITEIT
0.000 - 6.000 KL	9.8300 R/KL	
7.000 - 15.000 KL	9.8300 R/KL	
16.000 - 30.000 KL	11.2100 R/KL	
31.000 - 40.000 KL	12.2400 R/KL	
41.000 - 50.000 KL	14.8900 R/KL	
51.000 - 70.000 KL	17.4700 R/KL	
BO 70.000 KL	21.0600 R/KL	

WATER METER LESING

2024/02/08 VORIGE	2024/03/11 HUIDIGE	VERBRUIK
7148.000	7160.000	12.000

ELEKTRISITEIT METER LESINGS

VORIGE	HUIDIGE	VERBRUIK

EIENDOMS INLIGTING

ERF NR	00000290	WYK	2
STRAAT ADRES	33 KERK STREET		
DORPS GEBIED	ALBERTINIA		
GEDEELTE			
EENHEID	005001000002900000000000	OPPERVLAKTE	1844

AFSNY

Die verskaffing van dienste mag gestaak word sonder verdere kennisgewing as enige balans onbetaald is na die betaaldatum en die deposito mag hersien word. Let asseblief op dat die betaaldatum nie van toepassing is op agterstallige balanse.

VOORSIEN ONS ASB VAN U BANKBESONDERHEDE
INDIEN U VERKIES OM U REKENING PER DEBIETORDER TE Bbetaal.

DIREKTE INBETALING
VIR U GERIEF MAG HIERDIE REKENING BY ENIGE TAK VAN EERSTE NASIONALE BANK BETAAL WORD.

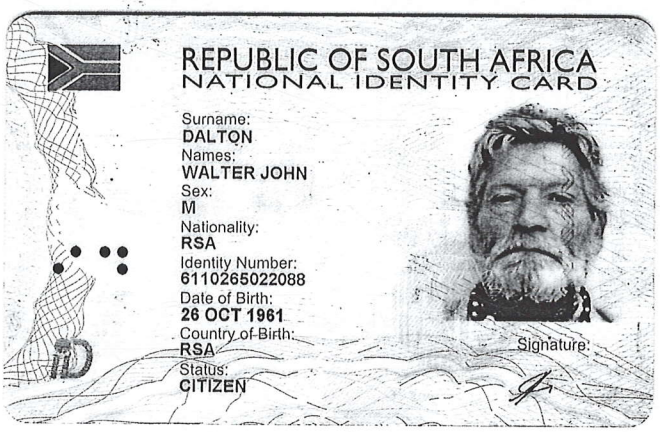
TAK Nr.: 200313 REK. Nr.: 53571024174 REK. TIPE: TJEK

VERWYSING Nr.: 5100000290

SOUTH AFRICA
Permit Mail
P0001250

MUNICIPALITY HESSEQUA MUNISIPALITEIT
U MASIPALA

5100000290
DALTON WJ & CM
KERKSTRAAT 33
ALBERTINIA
6695



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
DALTON
Names:
WALTER JOHN
Sex:
M
Nationality:
RSA
Identity Number:
6110265022088
Date of Birth:
26 OCT 1961
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:
27 NOV 2021

37383

116211696

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0142 DATE: 19/07/24.

between Mosselbay SPCA

and

Name Johny Dalton

Address 33 Kerk Straat, Albertinia

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 Lady Sex Female Age Adult

Description Jack Russel

On (due date) 18/08/24 Adoption Form No. MBY 0142

on the understanding that you will arrange to have this done at the Mosselbay SPCA Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for the vaccination without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred and the owner is obligated to provide the Society with proof of the vaccination within one (1) month of the date of adoption.
2. If the animal is not vaccinated on the due date mentioned above, the Society **reserves the right to repossess** the animal and **NO MONEY WILL BE REFUNDED.** The owner agrees that a member of the SPCA's staff may enter upon their premises in order to repossess and/or inspect the animal.
3. This animal cannot be passed on to a new owner. Refer to Adoption Contract.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring Section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: _____ For SPCA: _____

CONFIRMATION OF RABIES VACCINATION:

Vet: _____ Signed: _____

Date: _____