ADOPTION CHECKLIST

ADMISSION NO: MBY 3144

CONTRACT NO: MBY 0140

- [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 18/07/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486818

Adoptee INFO:

Name & Surname Luanela De Koker

Contact INFO: 0732093552.

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

LOADED MH

DBV SPCA
arden Route

KENNEL No.	28 K 31			ADMISSION No.	MBY3144	
Stray	Surrender X	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	28/6/24	N/A	Time in	10:08	Date for release	N/A

IDENTIFICATION & LOST AND FOUND							
Lost & Found checked		Yes	Lost & Found Date checked	NONE			
	X	No					
Microchip/Collar or ID tag found		Yes	Date scanned or checked	None	Microchip or ID Tag number	NONE	
	X	No					

DESCRIPTION & HISTORY					
Dog X	Cat	Other species (Specify)	bt M		
Breed	Rolli X	Colour and Markings	Black & Brown		
Condition	Fair	Sex	Female	Age	1 3
Temperament	Fair	Sterilisation details		Name	Zara
Coat Short	Tail Long	Teeth Condition Fair	Ears Down	Size	Med
Area found / collected from	Asla Park			Date	28/6/24
Reason for surrender	Confiscated to many dogs on property Surrender				

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

Surrendered by X / Found by	Name	[illegible]			
Residential Address	[illegible]				
Postal Address	[illegible]				
Tel (H) None	Tel (W) NONE	Cell 073 701 0887			
Email	NONE				
Donation R NONE	Cash	Card	EFT	(Receipt No.) NONE	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: NONE Case No: NONE Inspector: Wally Marian

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, 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 details	992003000486818

MEDICAL RECORD

Date	Remarks	Treatment	Cost
28/6/24	~~[illegible]~~ Duwayn dip	dip on 28/6/24	
05/7/24	Antecede lot rabies		
	~~Dap~~ Daplo		
	NXT 05/7/25		
18/7/24	Spayed Rx Daplo + NK car ok. Intradermal sutures		

PTS APPROVAL

NAME	SIGN

DBV SPCA

OC ADOPTION No [ ] ADMISSIO [ ]

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO DATE UNDERTAKEN: _____ TIME: _____

NAME OF APPLICANT: Mnr & Mev De Koker

ADDRESS: 71 Grysbok Street, Theronsville, Albertinia, 6695

HOME TEL No: _____ CELL No: 073 209 3552

ANIMAL(S) ADOPTING: Rott weiler

SEX: _____ AGE: _____

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Diamond mesh fence		Height of fence: 2,1 m	
Any sign of Kennel/Shelter? Steep	YES ☐ / NO ☒	Any sign of Chain/Runner?	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☐ / NO ☒	*If yes, what partitioning?*	N/A
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?	NONE

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	None				
SEX					
AGE					
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: Tinka Smal SPCA: Mosselbay SIGNATURE: _____

15/07/2024

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

Quantel WORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS.

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.

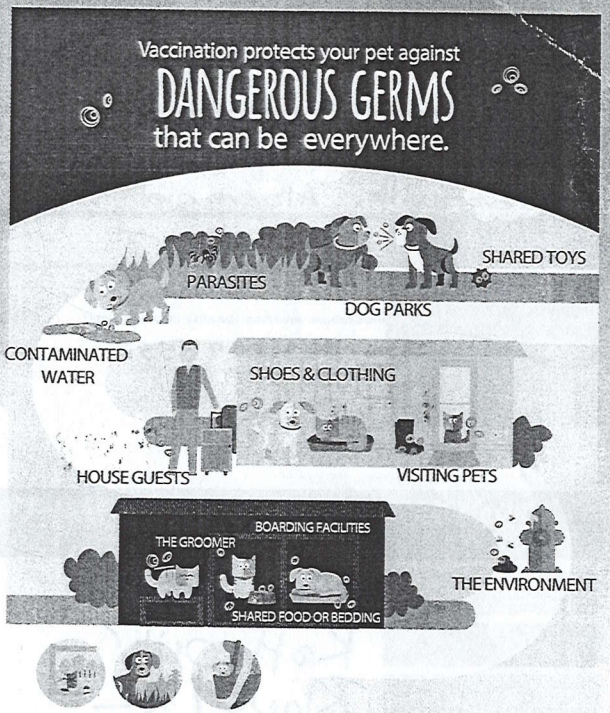
DOCTOR'S NAME Dr A S Muller.

Garden Route SPCA
P.O. Box 238
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

MY OWNER MBY 3144

NAME	Luanela De Koker
POSTAL ADDRESS	
STREET ADDRESS	71 Grysbok str
	Theronsville, Albertinia
HOME PHONE	
WORK PHONE	
CELLPHONE	0732093552
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	Rottweiler
COLOUR	Black / tan
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000486818
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
18/08/24.		

I WAS VACCINATED ON

DATE		VET SIGNATURE
05/07/24.	For Animal Use Only VANGUARD® PLUS 5 Reg.No. G2238 (Act 36/1947) Namibia only: V37/24.1/925 NS2 U.S. Veterinary License No. 198 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus 1 Dose zoetis Ser: 688818B Exp: 25 FEB 25	AWA.
18/07/24.	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: E70276 Ut. av./Exp.: 13/07-2025	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 (isoqinoline) 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 t 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) an Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

MSD Animal Health

Nobivac... Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on: facebook.

facebook.com/Bravecto.South
facebook.com/MsdPetsS

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL /CAGE #		DATE	
CARD #		BREED	
COLOUR		STRAY/SURRENDER	
ANIMAL NAME		MALE/FEMALE	
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	

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:			

HESSEQUA
MUNISIPALITEIT
MUNICIPALITY
U MASIPALA

BTW NR: 4780193258

BELASTING FAKTUUR

DE KOKER C & L
GRYSBOKSTRAAT 71
THERONSVILLE
ALBERTINIA
6695

BTW Nr.: 00000000000

BELASTING FAK Nr.	11110
STAAT DATUM	2023/07/28
REKENING NOMMER	5020087401
DEPOSITO	320.00

MARK WAARDE	TARIEF BEDRAG	KORTING	AFSLAG	KORTING PERS.
131500	0.0072130	50000.00		

DIENS	KODE/ DATUM	BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	BALANS
	Verbrk	20.34	0.00	123.10	10.07	0.00	0.00	97.51
	Basies	0.00	0.00	175.00	26.25	0.00	0.00	0.00
	Gratis	0.00	0.00	-56.00	0.00	0.00	0.00	0.00
	07/28	0.00	0.00	219.00	32.85	0.00	0.00	0.00
	07/28	0.00	0.00	200.00	30.00	0.00	0.00	0.00
rates	07/28	0.00	0.00	48.99	0.00	0.00	0.00	0.00
SUB TOTAAL		20.34	0.00	710.09	99.17	0.00	0.00	97.51
SU	07/28	0.00	0.00	-642.99	-89.10	0.00	0.00	0.00
SUB TOTAAL		0.00	0.00	-642.99	-89.10	0.00	0.00	

BEHUISING KAPITAAL:

	BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	VERSKULDIG
TOTALE:	20.34	0.00	67.10	10.07	0.00	0.00	97.51

VERVAL DATUM 2023/08/21	REELING 0.00
	BEDRAG VERSKULDIG 97.51

WATER	ELEKTRISITEIT
0.000 - 6.000 KL 0.0000 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

2023/06/12 VORIGE	2023/07/12 HUIDIGE	VERBRUIK
1544.000	1557.000	13.000
1675		

ELEKTRISITEIT METER LESINGS

VORIGE	HUIDIGE	VERBRUIK

EIENDOMS INLIGTING

ERF NR	00000874	WYK	2
STRAAT ADRES	71 GRYSBOKSTRAAT		
DORPS GEBIED	THERONSVILLE		
GEDEELTE			
EENHEID	00500200000874000000000	OPPERVLAKTE	358

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.

AANSOEKE VIR BELASTINGKORTING VIR PENSIONARISSE EN GESTREMDE PERSONE MOET VOOR 31/08/2023 INGEHANDIG WORD.

SOUTH AFRICA
Permit Mail
P0001250

MUNICIPALITY HESSEQUA MUNISIPALITEIT
U MASIPALA

5020087401
DE KOKER C & L
GRYSBOKSTRAAT 71
THERONSVILLE
ALBERTINIA
6695

MUNISIPALITEIT / MUNICIPALITY
HESSEQUA
U MASIPALA

DE KOKER C & L

SKEUR ASSEBLIEF AF EN STUUR TERUG MET BETALING

BETAAL DATUM	2023/08/21
BEDRAG	97.51
REKENINGNR	5020087401

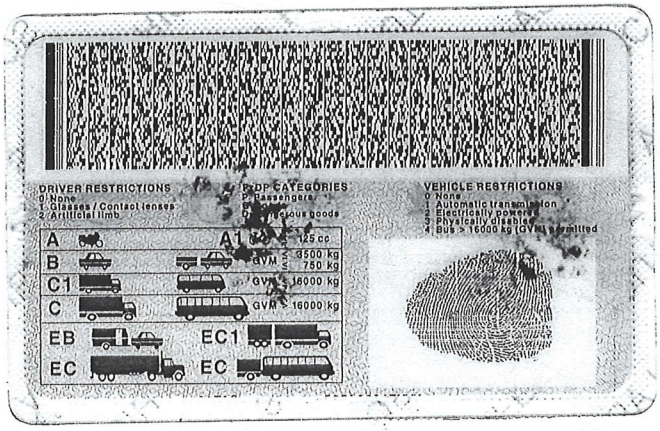
DIREKTE INBETALING
VIR U GERIEF MAG HIERDIE REKENING BY ENIGE TAK VAN DIE EERSTE NASIONALE BANK BETAAL WORD.

TAK Nr.: 200313 REK. Nr.: 62571024174 REK. TIPE: TJEK

VERWYSING Nr.: 5020087401

GEBRUIK ASB DIE KORREKTE VERWYSINGSNO OM STAKING VAN


DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO
SADC
ZA
SOUTH AFRICA
L DE KOKER
ID No.: 027670626014808 1 FEMALE
Birth/Geboorte: 26/06/1967 ZA Restr./Beperk.: 0
Lic.No./Lisensienr.: 602000007WK No.: 1
Valid/Geldig: 23/06/2020 - 22/06/2025
Issued/Uitgereik: ZA
Code/Kode: EB
Veh.restr./Voertuigbeperking: 0
First Issue/Eerste uitreiking: 1/12/2003
L de Koker


DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb
PrDP CATEGORIES
P Passengers
D Dangerous goods
A
A1 ≤ 125 cc
B
GVM ≤ 3500 kg
GVM ≤ 750 kg
C1
GVM ≤ 16000 kg
C
GVM ≤ 16000 kg
EB
EC1
EC
EC
VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 Bus > 16000 kg (GVM) permitted

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000486818

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. * 0732093552 — Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * luanda672@gmail.com — If possible, please provide a personal email, not a company email.

Title * MEV Initials * L Surname * DE KOKER

Street 71 GRYSBOK City

Suburb THERONSVILLE 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 * 20 - 08 - 2024

Date of Implant * 19 - 07 - 2024

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

Name of Vet who implanted the Chip Ndyebongqela

PET DETAILS

Pet Name ~~ZARA~~ JESSICA Date of birth 2022 M M D D

Species * ROTTWEILER DOG Breed * ROTTWEILER

Colour BLACK + BROWN Markings

Gender ☐ Male ☒ Female Sterilised ☒ Yes ☐ No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? ☐ Yes ☐ No

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

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

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

1. On-line	Log onto www.backhome.co.za. Complete the registration process.
2. By fax	Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
3. By e-mail	Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
4. By App	Download the Virbac Backhome Africa App

ADMISSION No.
TOELATINGSNR. MBY0140

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and or ID Tag No.	992003000486818		

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

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): Luanela De Koker

HOME ADDRESS
WOONADRES: 71 Grysbok Str, Theronsville, Albertinia

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7501065109084

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

(B):
(W):

CELL No:
SELFOON Nr: 0732093552

FAX No:
FAKS Nr:

E-MAIL:
E-POS. luanda672@gmail.com.

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3564

VEHICLE REG No.
VOERTUIG REG Nr. CCS 2189

VEHICLE MAKE:
VOERTUIG MAAK: Diatsu

COLOUR:
KLEUR: Red.

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING:

DATE / DATUM: 18/07/24

K31
Zara

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): Christopher & Luanda De Koker

HOME ADDRESS: Grysbokstr. 71, Theoronsville, Albertinia.

ID NO.: 7501065109084

POSTAL ADDRESS: Grysbokstr. 71, Albertinia.

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

CELL NO: 0732093552 FAX NO: _____

EMAIL: _____

Address where animal will be kept: Grysbokstr. 71.

Occupation: Self employed. Technician

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

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

Reason for wanting animal: have dogs. My previous one had cancer.

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? Rotweiler

Can you afford private fees? No Who is your vet? —

How many animals live on the property? DOGS? — CATS? — OTHERS —

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

Are all your animals sterilised? Give details _____

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

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

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

Full description of the fencing and gate: Diamond mesh. Height: 2 m

What shelter is provided: OUTDOORS _____ KENNEL ✓ OTHER Steep with Coaches

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

Pre Home Inspection Fee: R100 Receipt No: 3552

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 _____

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY0140 DATE: 19/07/2024.

between Mosselbay SPCA

and

Name Luanela De Koker

Address 71 Grysbok Str. Albertinia.

Telephone Numbers (H) (B) 0732093552

to have vaccinated against rabies **within one (1) month of the adoption/due date** (delete whichever is not applicable):

Animal's Name Sex Female Age 3 years

Description Rottweiler

On (due date) 18/08/2024 Adoption Form No. MBY0140

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: _____