ADOPTION CHECKLIST

ADMISSION NO: T 0678

CONTRACT NO: MA 00011T

- [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 20/08/2024 Dr S. Muller
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486641

Adoptee INFO:

Name & Surname Isabella Le Roux

Contact INFO: 076 629 9193

Completed by: _____ Date: 23/08/24

Manager: _____ Date: 23/08/24

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	K11 K~~34~~ 32.				ADMISSION No.	T 0678
Stray	Surrender X	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	2.7.24		Time In		Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked		Yes	Lost & Found Date checked	
		No		

Microchip/Collar or ID tag found		Yes	Date scanned or checked		Microchip or ID Tag number	
		No				

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify)			
Breed	x Volpe / J.R		Colour and Markings	White / Tan.	
Condition	Fair		Sex	Fem.	Age
Temperament	Friendly		Sterilisation Details	Nyo	Name Liefie / Lifie
Coat S	Tail ↓	Teeth Condition	Ears	up	Size Small
Area found / collected from	Dannabosch				Date 21-7-24
Reason for surrender	Too many / compl.				

ASSESSMENT

GOOD WITH:	YES	NO
Children	✓	
Cats	✓	
Other dogs	✓	
Livestock / Other		
DO THEY:		
Jump Fences		✓
Run Away		✓

COMMENTS:

Surrendered by / Found by	A	Name	J Dickson		
Residential Address	305 Flora Dannabosch				
Postal Address					
Tel (H)	Tel (W)		Cell		
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 uitdruklik ooreengekom dat nog die DBV nog sy amtenare, 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 Sec. Tobit	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 endeavout 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 (Animanls Protection Act) an animal presented for admission is so diseased, severely injured or in such phusical 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 op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met die dien verstande dat die Vereeniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig

2 Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereeniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes

3. Enige koste hierop onderskryg 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 Eutanasia			

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: _____

Email 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	M	992003000486641	Date
		No	ID		

MEDICAL RECORD

Date	Remarks	Treatment	Cost
04/07/24	Desexed Tatoo D.		
17/7/24.	Trivalent + rabies		
	NXt + 17/8/25		
20/8/2024.	GH: Spayed.		
	Intradermal suture.		

PTS APPROVAL	
NAME	SIGN

17/7/24 - Weight - 6.6 kg

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL /CAGE #	K11	DATE	
CARD #	T0678	BREED	Jack russel
COLOUR	White + brown	STRAY/SURRENDER	SURRENDER
ANIMAL NAME	Liefie	MALE/FEMALE	Female
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED	NO	AGE	

GENERAL HEALTH CHECK			
EARS	NAD	✓	Healthy normal weight.
EYES	NAD	✓	
TEETH	NAD	✓	
NOSE	NAD	✓	
LUNGS	NAD	✓	
HEART	NAD	✓	
ABDOMEN	NAD	✓	
HIP	NAD	✓	
SKIN&COAT	NAD	✓	Dewormed
FIT FOR ADOPTION	(YES)	NO	Not now - need to gain weight.
COMMENTS:			

4/7/24 W = 8.7 kg.
Dewormed with TriWorm D

Liefie.

99200300048664l

MA000111.

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): Mrs Isabella Le Roux

HOME ADDRESS: 15 E Macra Street, Dana Bay, 6510

ID NO.: 7111208 0050 08 7

POSTAL ADDRESS: Shop 16, Ocean View Mall, Cnr Crook & Bland Street, Mossel Bay

TEL NO (H): (B): 044 691 1531

CELL NO: 076 629 9193 FAX NO:

E-MAIL: issieleroux@gmail.com

Address where animal will be kept: 15 E Macra Street, Dana Bay, 6510

Reason for wanting an animal: Companion

Occupation: Bookkeeper & Graphic Designer

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

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

Reason for wanting an animal: NA

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? Died of old age

Can you afford private veterinary fees? No Who is your vet? Will use SPCA vet.

How many animals live on your property DOGS 0 CATS 0 OTHER 0

What are the sexes of your animals? DOGS: Male NA Female NA CATS : Male NA Female NA.

Are all your animals sterilised? Give details NA

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? 1x Died of old Age 1x Died of cancer

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

Full description of the fencing and gate: Fibre Cast Wall / Steel Gate Height: Not sure

What shelter is provided : OUTDOORS During the Day KENNEL X OTHER House - More House She will sleep indoors.

Have you previously had pets from an SPCA? No 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 **Date of application** 17/8/2024

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 22-8-24 TIME: 9:49

NAME OF APPLICANT: Isabella Le Roux

ADDRESS: 15 E Macra str, Dana Bay

HOME TEL No: CELL No: 0766299193

ANIMAL(S) ADOPTING: Dog - Jack russel

SEX: Female. AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 1m		Suitability of fence (i.e. small pets can't escape): wall	
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?	

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

OTHER INFORMATION / COMMENTS
GreaterHome

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ **CATS** ☑ **SMALL DOGS**

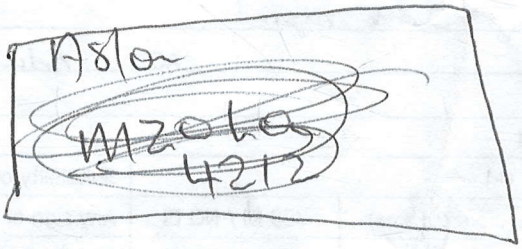
☐ **MEDIUM DOGS** ☐ **LARGE DOGS**

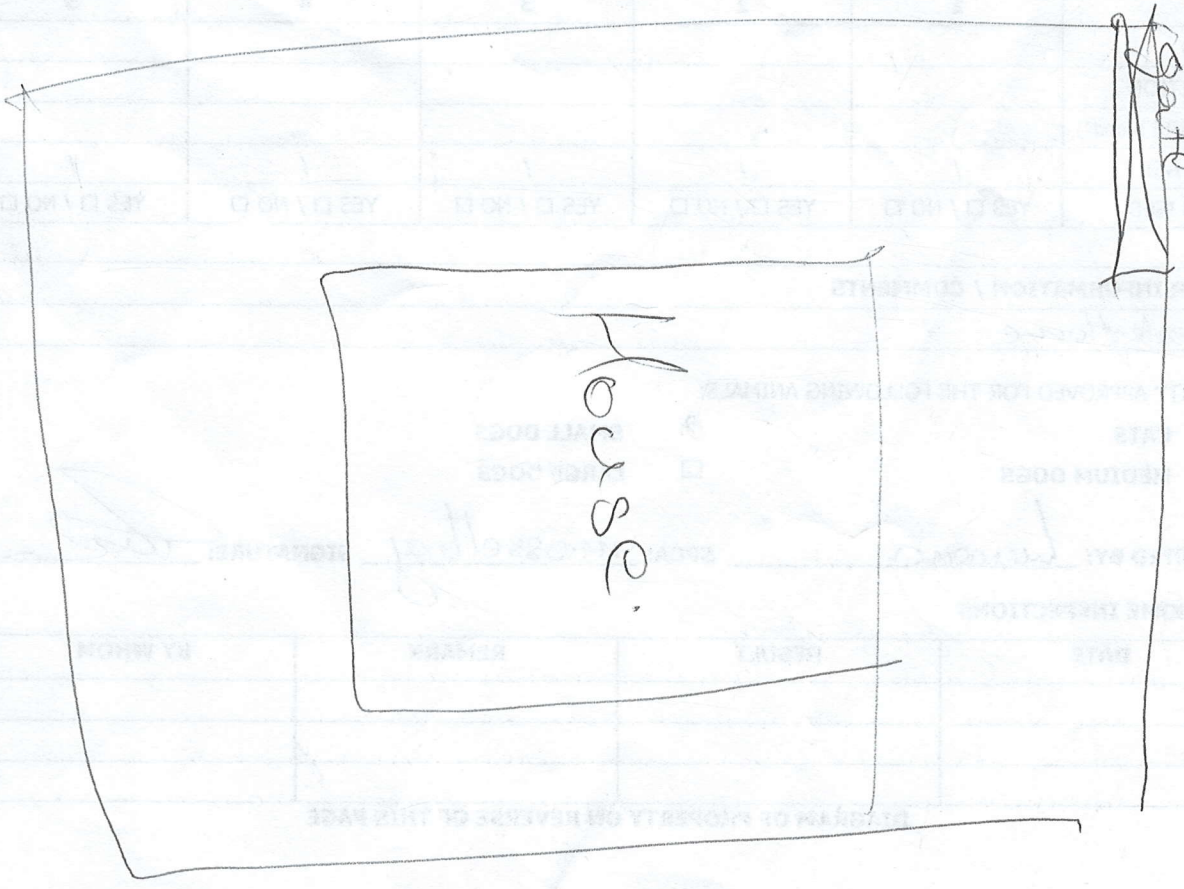
INSPECTED BY: [illegible] **SPCA:** mosselbay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE


Mzolo
4212


Gate
House

LEASE AGREEMENT

Harcourts

SECTION A

1. Schedule

1.1 the **"Landlord"**	Name:	Christo Engelbrecht and Gustaf, Jacobus Engelbrecht
	ID/CK/Company/Trust/Reg. No:	6202275018089 and 6012195021083
	Statement/s and Letter/s: Address	Charmaineengelbrecht48@gmail.com
1.2 The **"Tenant"**	Name TENANT 1:	Izabella, Fredrieka Olivier
	Name TENANT 2:	Isabella, Fredrieka Le Roux
1.3 The **"Agent"**	Harcourts Franchise:	HARCOURTS MOSSELBAY
	Contact person:	Francois Smit
	Telephone number:	044 690 7114
	Cellular number:	0724504515
	E-mail address:	francois.smit@harcourts
1.4 The **"Premises"**	Property description	House
	Address:	15 E Macra Street, Dana Bay, Mossel Bay
	Type of property	

X Residential ☐ Commercial ☐ Other

Garage / Parking bay: Single Garage

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
17/7/24	Trivorm D		

Quantel DEWORMER 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 DSC

DATE 20/08/2024.

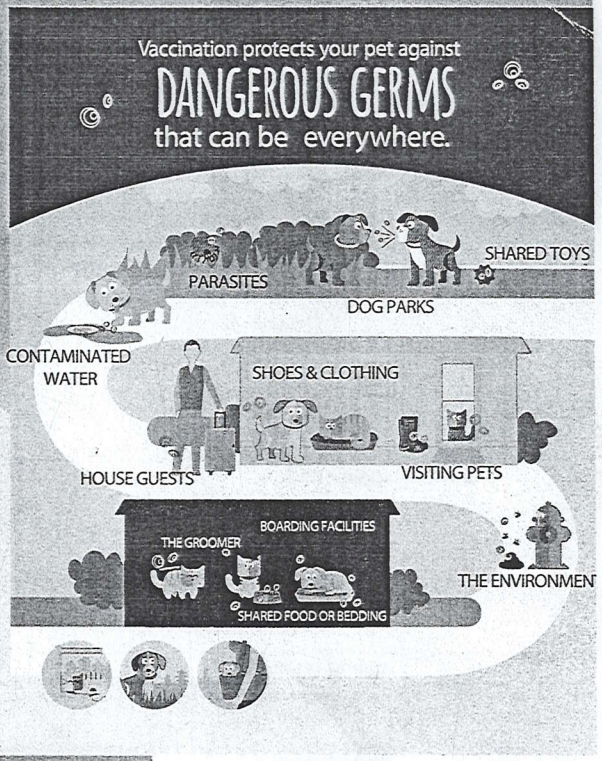
DOCTOR'S NAME Dr. A.S. Mallo

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
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CAR



PET'S NAME Liefie

MY VET

MY OWNER

NAME	Isabella Le Roux
POSTAL ADDRESS	
STREET ADDRESS	15 E Macra Street
	Dana Bay
HOME PHONE	
WORK PHONE	
CELLPHONE	076 629 9193
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	Daxi x Jack russels
COLOUR	White
SEX	Female
DATE OF BIRTH	2020
MICROCHIP/TATTOO	992003000486641
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
17/3/2024		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/7/2024	Nobivac® L-DAPPV Ser: 02121A78E Exp: 29Oct25 PEEL HERE; Boehringer Ingelheim RABISIN R 924507; Lot/Batch: F48436; Ut. av./Exp.: 27/04-2026	SRCH
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATUR
	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 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.

Find us on: facebook.

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 711208 0050 08 7

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
LE ROUX

VOORNAME/FORENAMES
ISABELLA FREDRIEKA

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1971-12-08

DATUM UITGEREIK
DATE ISSUED
2000-09-14

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

992003000486641

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. * 076629 9193

E-mail * issieleroux@gmail.com

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

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

Title * MRS Initials * I Surname * LE ROUX

Street 15 E MACRA City

Suburb Area Code DANA BAY

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 * 26 - 08 - 2024

Date of Implant * 22 - 08 - 2024

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip NDYEBO NGQELE

PET DETAILS

Pet Name LIEFIE Date of birth 2020

Species * JACK RUSSEL Breed * JACK RUSSEL

Colour WHITE + 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 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

ADMISSION No.
TOELATINGSNR. T0678

ADOPTION CONTRACT

MA00011T

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip an			

99200300048664l

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): Isabella Le Roux

HOME ADDRESS
WOONADRES: 15 E Macra Str, Dana Bay

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7112080050087

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

(B):
(W):

CELL No:
SELFOON Nr: 076 629 9193

FAX No:
FAKS Nr:

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

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.: 4538

VEHICLE REG No.
VOERTUIG REG Nr.: CBS 2467

VEHICLE MAKE:
VOERTUIG MAAK: Modus

COLOUR:
KLEUR: Silver

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 23/08/2024.