ADOPTION CHECKLIST

ADMISSION NO: T0679

CONTRACT NO: MA.00010T

- [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 15/08/2024 Dr. Muller
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486644

Adoptee INFO:

Name & Surname Gerda Kronenberg

Contact INFO: 072 267 9994

Completed by: _____ Date: 20/08/2024

Manager: _____ Date: _____

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.

MICROCHIPPED ANIMAL REGISTRATION FORM

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000486644

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. * 072 267 9994

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

E-mail * gerdakroningberg@gmail.com

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

Title * MRS Initials * G. Surname * KRONENBERG

Street 7 Edelvalk City

Suburb TWEE KUILEN Area Code DIAZ

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 - 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 Date of birth

Species * CANINE.

Breed * DACHUND

Colour 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

MA000010T

ADMISSION No.
TOELATINGSNR. T0679

ADOPTION CONTRACT

DBV SPCA Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and or I			

992003000486644

This animal has bee... 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 omheen 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): Gerda Kronenberg

HOME ADDRESS
WOONADRES: 7 Edelvalk, Twee Kuilen, DIAZ

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

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

(B):
(W):

CELL No:
SELFOON Nr: 072 267 9994

FAX No:
FAKS Nr:

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

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 4529

VEHICLE REG No.
VOERTUIG REG Nr. CCS 1925

VEHICLE MAKE:
VOERTUIG MAAK: MERCEDES

COLOUR:
KLEUR: GREY

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING:

DATE / DATUM: 20/08/2024.

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPLA WASEMOSSELBAYI

ACCOUNT NUMBER:	54-004252-002-4
DATE OF ACCOUNT:	22/02/2023
LAST RECEIPT DATE:	21/02/2023
PREPAID METER NUMBER:	04192121558

ame:
TONENBERG BL & G
reet Address:
EDELVALKSTRAAT DIAZSTRAND
X INVOICE MONTHLY ACCOUNT

RVICE EPOSIT:	850.00	ERF NUMBER:	4252000	TOTAL VALUATION:	1650000	WARD No:	10

DATE		DETAILS	READING DATE: 24/01/23			AMOUNT
		B/F BALANCE				912.14
)/02/2023	477	WATER 20/12/2022-24/01/2023				318.63 *
		2253 - 2265 (12 Kl 35 Days)				
		BASIC			235.97	
		07/22	6.90 @	0.000 =	0.00	
		.	5.10 @	8.058 =	41.10	
		VAT/BTW			41.56	
)/02/2023	403010	SEWERAGE				298.51 *
)/02/2023	403010	Sewarage 50% Discount				149.25-*
)/02/2023	300010	REFUSE				261.80 *
)/02/2023		RATES INSTALLMENT				208.09
		RECEIPTS				1000.00 -
		Balance Carried Forward				0.92 -

VAT ON '*' ITEMS: 95.17 ACB TOT: 0.00

CREDIT	60 DAYS	30 DAYS	CURRENT	Amount Due
0.00	0.00	0.00	849.92	849.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE

DUE DATE	AMOUNT DUE
15/03/2023	849.00

VAT No. / BTW Nr. 4830118370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betalings Besonderhede

Standard Bank **PREDEFINED BENEFICIARY.**
MOSSEL BAY MUNICIPALITY

Ref. No.: 540042520024

EasyPay >>>>>915265400425200243

payat 11379 540042520024

Message / Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

Vou en skeur af.

SOUTH AFRICA
Permit Mail
P4010395

Mossel Bay
MUNICIPALITY

KRONENBERG BL & G
7 EDELVALK STREET
DIAZ STRAND
6506

540042520024

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

MY OWNER

NAME	Gerda Kronenberg
POSTAL ADDRESS	
STREET ADDRESS	7 Edelvalk, Twee Kuilen
	Diaz, Mossel Bay
HOME PHONE	
WORK PHONE	
CELLPHONE	072 267 9994
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	
COLOUR	
SEX	Female
DATE OF BIRTH	
MICROCHIP/T	992003000486644
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
July 2025		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
15/8/24	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F48438 Ut. av./Exp.: 27/04-2026	SPCA
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	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	

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 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
17/3/24	Trivorm		

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

DATE 15/08/2024.

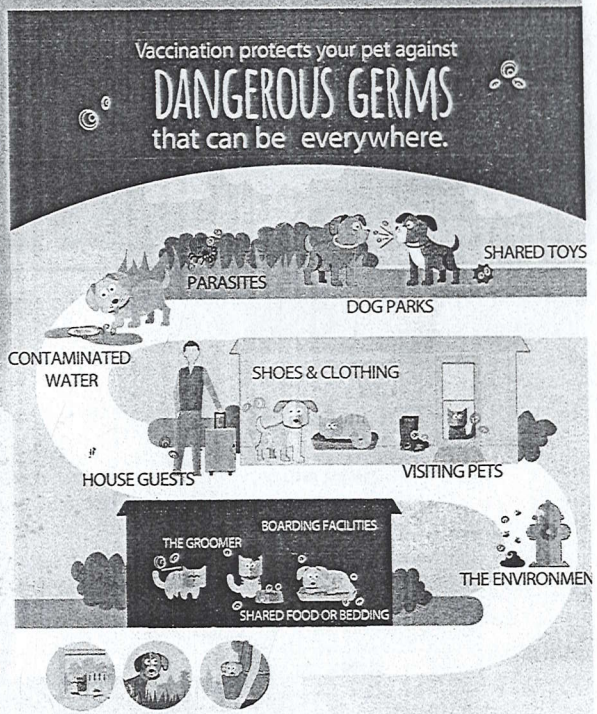
DOCTOR'S NAME Dr. AS Muller.

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

VACCINE RECORD CAR



PET'S NAME

MY VET

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.					ADMISSION No.	T 0679
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	21/1/24		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 ✓	Cat	Other species (Specify)	
Breed	Labrador x	Colour and Markings	Black.
Condition	Fair	Sex	♀ Age
Temperament	Friendly	Sterilisation Details	No Name Flossie. Vickie.
Coat S	Tail	Teeth Condition	Ears Up Size Small
Area found / collected from	Dennebeen		Date 21/1/24
Reason for surrender	Too many / Compl		

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

COMMENTS:

Surrendered by / Found by	X	Name	J Dercksen	
Residential Address	308 Flora Dennebeen			
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	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	Microchip / ID tag details	992003000486644
		No		

MEDICAL RECORD

Date	Remarks	Treatment	Cost
17/7/24	Tramma + rabies ACT - 17/8/24		
15/8/24	GA : Spayed. Rx Duplo + inflacam sc.		

19/8/24 Micro Chip.

PTS APPROVAL	
NAME	SIGN

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL /CAGE #	K11	DATE	
CARD #	T0679	BREED	Dachund
COLOUR	Brown	STRAY/SURRENDER	SURRENDER
ANIMAL NAME	Vlekkie	MALE/FEMALE	Female
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED	NO	AGE	

GENERAL HEALTH CHECK			
EARS	NAD	✓	Ear margin dermatitis.
EYES	NAD	✓	
TEETH	NAD	✓	
NOSE	NAD	✓	
LUNGS	NAD	✓	
HEART	NAD	✓	
ABDOMEN	NAD	✓	
HIP	NAD	✓	
SKIN&COAT	NAD	✓	
FIT FOR ADOPTION	YES	NO	Not now - need to gain weight
COMMENTS:			

Mucoid vaginal discharge T 39.2
Needs to be spayed on Tuesday.
Rx Synulox:
To go on Clavet 50 mg 1½ tab bid 5 days.

4/7/24. W= 3.8 kg.
Dewormed with Tikwan P

17/7/24 Weight 5.9 kg

Viekkie MA00010T

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 G. KRONENBERG.

HOME ADDRESS: 7 EDELWEISST TWEE KUILEN DIAZ MOSSEL BAY ID NO.: 5011050102088

POSTAL ADDRESS: 7 EDELWEIS ST DIAZ MOSSEL

TEL NO (H): — (B): —

CELL NO: 072 267 9994 FAX NO: —

E-MAIL: gerdakroningberg@gmail.com.

Address where animal will be kept: 7 EDELWEIS ST TWEE KUILEN DIAZ MOSSEL BAY.

Reason for wanting an animal: PREVIOUS DOG DUE TO teeth extraction died. 07/02/2023

Occupation: RETIRED

Do you own or rent your property: OWN 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: TOTAL LOSS AFTER LOSS OF PREVIOUS DOG.

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? Dog

Can you afford private veterinary fees? Yes. Who is your vet? Harlenbos Diere Hospitaal.

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

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

Are all your animals sterilised? Give details —

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? —

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

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

What shelter is provided : OUTDOORS — KENNEL — OTHER (stays 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: R100.00. Receipt No.: MBY.4519.

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 [signature] **Date of application** 15/05/2024

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPLA WASEMOSSELBAYI

ACCOUNT NUMBER:	54-004252-002-4
DATE OF ACCOUNT:	22/02/2023
LAST RECEIPT DATE:	21/02/2023
PREPAID METER NUMBER:	04192121558

Name:
KRONENBERG BL & G
Street Address:
7 EDELVALKSTRAAT DIAZSTRAND
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	850.00	ERF NUMBER:	4252000	TOTAL VALUATION:	1650000	WARD No:	10

DATE		DETAILS	READING DATE: 24/01/23	AMOUNT
		B/F BALANCE		912.14
20/02/2023	477	WATER 20/12/2022-24/01/2023		318.63 *
		2253 - 2265 (12 Kl 35 Days)		
		BASIC	235.97	
		07/22 6.90 @ 0.000 =	0.00	
		. 5.10 @ 8.058 =	41.10	
		VAT/BTW	41.56	
20/02/2023	403010	SEWERAGE		298.51 *
20/02/2023	403010	Sewarage 50% Discount		149.25-*
20/02/2023	300010	REFUSE		261.80 *
20/02/2023		RATES INSTALLMENT		208.09
		RECEIPTS		1000.00 -
		Balance Carried Forward		0.92 -
		VAT ON '*' ITEMS: 95.17 ACB TOT:	0.00	

CREDIT	60 DAYS	30 DAYS	CURRENT	Amount Due
0.00	0.00	0.00	849.92	849.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	15/03/2023	849.00

VAT No. / BTW Nr. 4830118370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betalings Besonderhede

Standard Bank PREDEFINED BENEFICIARY,
MOSSEL BAY MUNICIPALITY

Ref. No.: 540042520024

EasyPay >>>>>9152654004252002 43

11379 540042520024

pay@

Message / Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**

Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.

The municipality has been added as a predefined beneficiary on the Bank Directory.

SOUTH AFRICA
Permit Mail
P4010395

Mossel Bay MUNICIPALITY

KRONENBERG BL & G
7 EDELVALK STREET
DIAZ STRAND
6506

540042520024

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Fold and tear on perforation.

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 16 - 8 · 24 TIME: 12:08

NAME OF APPLICANT: G. Kronenberg

ADDRESS: 7 ESELVALK STR, TWEE KUILEN, DIAZ

HOME TEL No: CELL No: 072 267 9994

ANIMAL(S) ADOPTING: Dog Dachund

SEX: Female AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wooden		Suitability of fence (i.e. small pets can't escape): ½	
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?	0

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
Approved

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ **CATS** ☑ **SMALL DOGS**

☐ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: Lumano Bayi **SPCA:** Mossel Bay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

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.

I.D.No. 501105 0102 08 8

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

KRONENBERG

VOORNAME/FORENAMES

GERDA

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH

1950-11-05

DATUM UITGEREIK
DATE ISSUED

1999-03-10

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS