Danabay

ADOPTION CHECKLIST

ADMISSION NO: MBY3082

CONTRACT NO: MBY0149

- [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 25/07/24. Dr. S. Muller
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486721

Adoptee INFO:

Name & Surname M. Greeff

Contact INFO: 082 443 6655

Completed by: _____ Date: 08/08/2024

Manager: _____ Date: 08/08/2024

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.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
GREEFF
Names:
MARIET
Sex:
F
Nationality:
RSA
Identity Number:
7908140059087
Date of Birth:
14 AUG 1979
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:
26 APR 2018

21316

106803060

ONLY REALTY
PROPERTY GROUP

RESIDENTIAL PROPERTY LEASE AGREEMENT

SCHEDULE TO THE LEASE

1. GENERAL DETAILS

1.1	**The Property Practitioner**	Only Realty Platinum			Trading Entity Name:		Dreamgem (Pty) Ltd				
	Registration Number:	2019/118617/07			VAT Registration No (if applicable)		4650300249				
1.2	**The Landlord** (Full Name OR Entity Details)	Gideon Jacobus Chomse									
	Registration Number/Identity Number	580 506 5085 083			VAT Registration No (if applicable)						
1.3	**The Tenant** (Full Name OR Entity Details)	Mariet Greeff ,Elizna Myburg,Minette Kriel									
	Registration Number/Identity Number	7908140059087//9908170030089//0208130257081			VAT Registration No (if applicable)						
1.4	**The Property** – Unit No. And Complex	16 Heide Road ,Dana Bay									
	Street Address	Same as above									
	Garage/Carport/Parking Bay Numbers	N/A									
	Furnished Unit Type	Unfurnished	✓	Semi-Furnished		Furnished		**Smoking Allowed**	Yes		No ✓
	Appliances Included (Tick for **YES**)	Fridge		Washing Machine		Dishwasher		Tumble Dryer	Freestanding Oven		Other
	Pets Allowed	Yes	✓	No		Max Number of Pets Allowed					
	Breed And Age Of Each Pet (Space Is Provided For Up To 6 (Six) Pets Below, Additional Pets Should Be Listed Under Special Conditions)										
1.5	Maximum Number of **Occupants** on the Premises	2	(in numbers)		2 (per Bedroom)	(in words)					
	Name and Identity Number of Each Occupant (Space is provided for up to 6 (Six) Occupants below, additional Occupants should be listed under Special Conditions)										
	Mariette Greeff				7908140059087						
	Elizna Myburg				9908170030089						
	Minette Kriel				0208130257081						

TENANT SCHEDULE OF COSTS

	COSTS TO PAY PRIOR TO OCCUPATION (PAYABLE TO THE PROPERTY PRACTITIONERS BANK ACCOUNT)			
1.6	The Damage Deposit	R 14 000	Fourteen Thousand	Rand
1.7	The Utility Deposit	R N/A	N/A	Rand
1.8	Pet Deposit	R N/A	N/A	Rand
1.9	Other Deposit(s) – specify:	R N/A	N/A	Rand
1.10	**TOTAL DAMAGE DEPOSIT**	R 14 000	Fourteen Thousand	Rand
1.11	Lease Preparation Fee (Incl VAT)	R 1092.50	One thousand ninety two rand and fifty cents	Rand
1.12	The Rent	R 14 000	Fourteen Thousand	Rand
	Pro Rata Rent (if applicable in the first month)	R N/A	N/A	Rand
1.13	Tenant Take On Fee (Incl VAT)	R 1035	One Thousand and thirty Five	Rand
	TOTAL TO PAY PRIOR TO OCCUPATION	R 31409,75	Thirty one Thousand Four Hundred & nine ,seventy five	**Rand**
	ONGOING FIXED COSTS (Excl Any **Additional Charges** Outlined In Any Clauses And Annexures Below)			
1.14	Monthly Rental (payable **monthly** by the 1st)	R 14 000	Fourteen Thousand	Rand
1.15	Statement Fee (payable **monthly** by the 1st)	R 65.00 excl VAT	Sixty Five Rand	Rand
1.16	Lease Renewal Fee (Incl VAT) (payable on **renewal** only)	R 425.00 excl VAT	Four Hundred and Twenty Five Rand	Rand
1.17	Annual Rental Escalation (to be applied **annually**)	NEG %	Negotiable	Percent

1.18 **Banking Details** (The Landlord's nominated bank account into which all funds must be paid for the duration of the lease)

Account Holder Name	Dreamgem (Pty) Ltd	Bank	ABSA
Bank Branch	Premium Rural Business	Branch code	632005
Account Number	41-0057-1616	Reference (Per Tenant Statement)	As Per WeconnectU Statment

ADMISSION, ASSESSMENT AND HISTORY RECORD

LOADED MH

DBV SPCA Garden Route

KENNEL No.	C5	ADMISSION No.	MBY3082			
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	13-7-24	none	Time in	18:00	Date for release	

IDENTIFICATION & LOST AND FOUND

		Lost & Found checked	Yes / No	Lost & Found Date checked	21-7-24
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	13-7-24	Microchip or ID Tag number	none

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	
Breed	DSH	Colour and Markings	Black
Condition	Good	Sex	♂
Age	2 mths		
Temperament	friendly	Sterilisation details	
Name	none		
Coat	Short	Tail	Teeth Condition: good
Ears	up	Size	2 mths
Area found / collected from	Kleinkrantz	Date	13.7.24
Reason for surrender	Stray		

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

COMMENTS: Stray

Surrendered by / Found by	Name	[illegible] Stray
Residential Address	9 A [illegible] Street	
	Kleinkrantz	
Postal Address	none	
Tel (H)	Tel (W) none	Cell none
Email		
Donation R	Cash / Card / EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: [illegible]

STATEMENT OF SURRENDER

I do hereby certify that **I DO / ~~DO NOT~~** own the animal/s described above, that ~~IT IS~~ / IT IS NOT a stray and **I DO / ~~DO NOT~~** know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age. **Also see" Conditions on reversed side.**

Hiermee verklaar ek dat ek dier/e hierbo beskryf **BESIT / NIE BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdruklik ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die "Voorwaardes" op die agterblad.**

Signature	[signature]	Witness for Society	[signature]
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, indi 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 deta

992003000486721

MEDICAL RECORD

Date	Remarks	Treatment	Cost
17/7/24	Arrived + rabies NOT July 25		
25/7/24	Castrated and vaccinated 3-1 + Rabies.		

PTS APPROVAL

NAME	SIGN

ADMISSION No.
TOELATINGSNR. MBY0149

ADOPTION CONTRACT

DBV SPCA Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and or ID Tag Number: 992003000486721			

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): M. Greeff

HOME ADDRESS
WOONADRES: 16 Heide road, Donabay

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7908140059087

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

(B):
(W):

CELL No:
SELFOON Nr: 0824436655

FAX No:
FAKS Nr:

E-MAIL:
E-POS. mariel greeff@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 4503

VEHICLE REG No.
VOERTUIG REG Nr. CBS 58 053

VEHICLE MAKE:
VOERTUIG MAAK: Landrover

COLOUR:
KLEUR: White

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING

DATE / DATUM: 08/08/2024

Bagura.

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): M Viljoen

HOME ADDRESS: 16 Heide road, Danabaai.

ID NO.: 7908140059087

POSTAL ADDRESS: _____

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

CELL NO: 082 443 6655 FAX NO: _____

EMAIL: mariolgreeff@gmail.com

Address where animal will be kept: 16 Heide Road Danabaai.

Occupation: Self Employed

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 animal: Companion

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? Any

Can you afford private fees? Yes Who is your vet? Mosselbaai Dieretkliniek

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

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

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? 1 cat

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

Full description of the fencing and gate: Draad Height: 2m

What shelter is provided: OUTDOORS _____ KENNEL X OTHER Hause

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

Pre Home Inspection Fee: R100.00 Receipt No: MBY- 3571

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** 23/07/24

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:			

Bagera

Section 4-12a

DBV SPCA

ADOPTION No MBY 0149

ADMISSIO MBY 3082.

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN: ~~29/4/24~~ TIME: ~~14:00~~

NAME OF APPLICANT: M. ~~V~~ Greeff

ADDRESS: 16 Heide Road, Danabaai

HOME TEL No: CELL No: 0824436655

ANIMAL(S) ADOPTING: Cat

SEX: Male AGE: ± 1 yr

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Hyde fence		Height of fence: 2 meter	
Any sign of Kennel/Shelter?	YES ☑ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☑ / NO ☐	If yes, what partitioning?	
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify:	
Does applicant live at the address?	YES ☑ / NO ☐	How many animals are on the property?	2

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	German Shepard	DSH			
SEX	male	male			
AGE	8 weeks	5 years			
STERILIZED	YES ☐ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Big playground animal lovers Animals happy.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Kuka SPCA: M. Bay SIGNATURE: [signature]

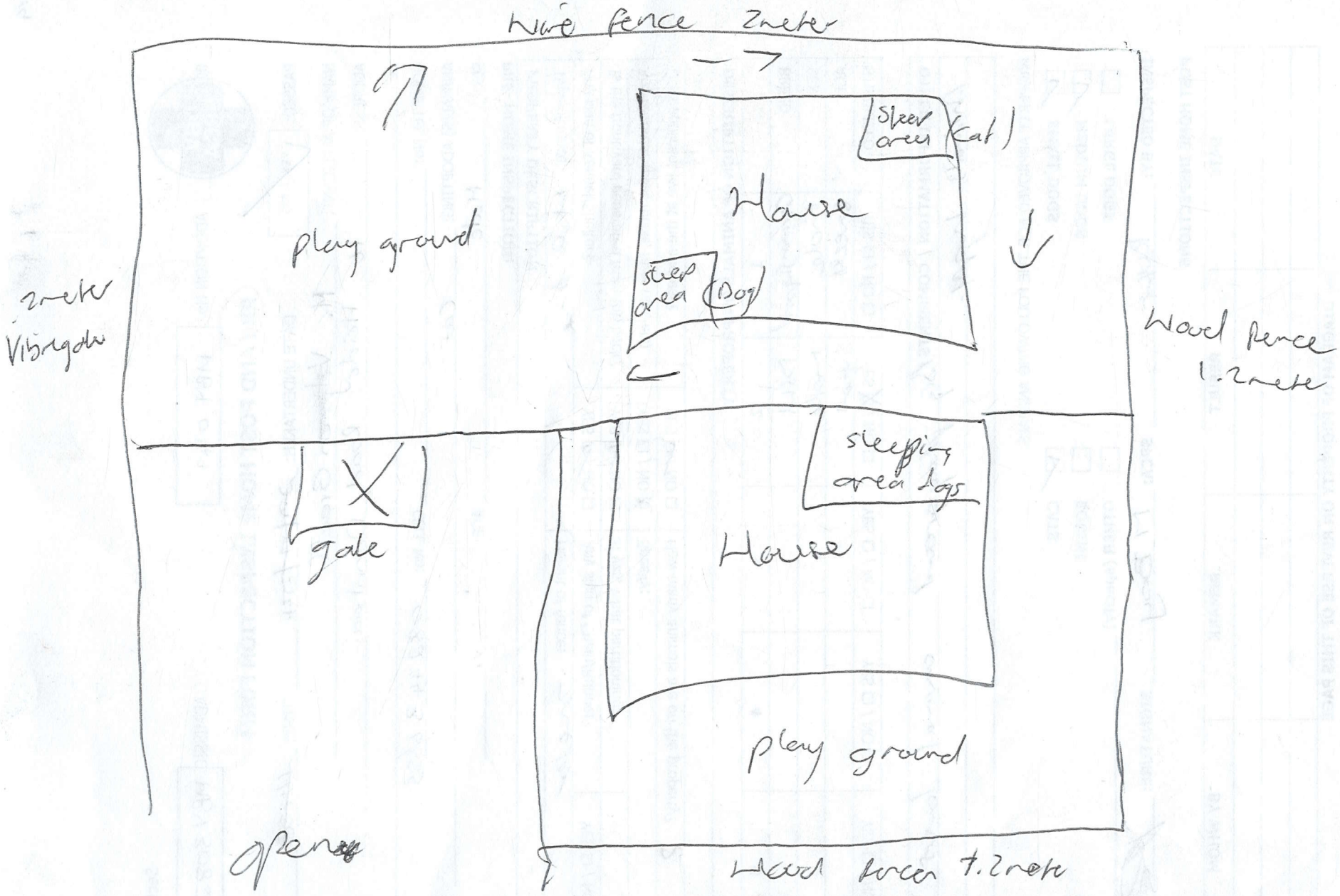
POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

~~Need to apply to keep~~


Wire fence 2meter
Sleep area (cat)
House
play ground
Sleep area (Dog)
2meter
Wood fence
1.2meter
sleeping area dogs
House
Gate
play ground
open
Wood fence 1.2meter

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

uantel
ORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL
DEWORMING FOR HAPPIER HEALTHIER DOGS.

ORE TO MY OWNER
egular vaccines as prescribed by my veterinarian and
eworming every 2 weeks for under 12 weeks of age and every 3
onths 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 25/07/2024.

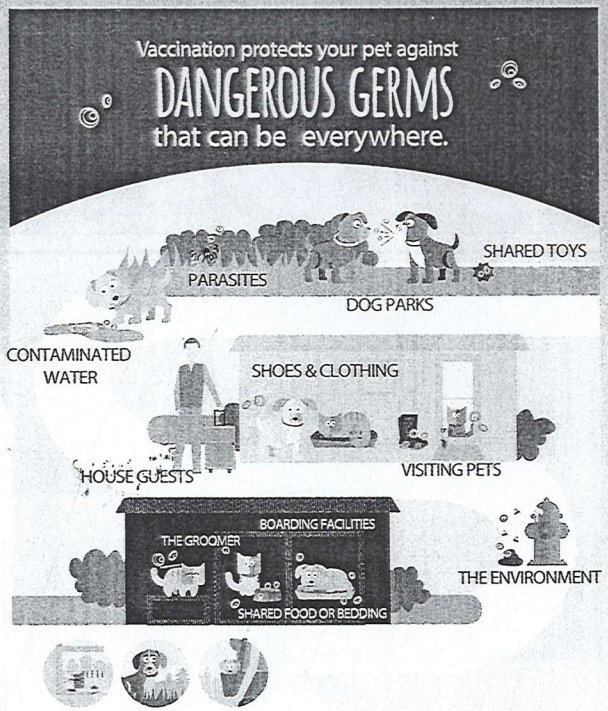
DOCTOR'S NAME Dr. A.S. Mallett.

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-NON-211200001

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

NAME	M. V. Ijoen
POSTAL ADDRESS	
STREET ADDRESS	16 Heide road
	Danabaai
HOME PHONE	
WORK PHONE	
CELLPHONE	082 443 6655
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	Black
SEX	Male
DATE OF BIRTH	2024.
MICROCHIP/TATTOO	992003000486721
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
07/2025.		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/07/24.	352806 R1 Batch: B207144A8 Manf.: 26MAR24 Exp.: 26SEP24 Nobivac HCPCh 352806 R1 Batch: B207144A8 Manf.: 26MAR24 Exp.: 26SEP24 Nobivac HCPCh Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Ut. av./Exp.: E48017 28/01-2025	AWA.
25/07/24.		DDL

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!

MICROCHIPPED ANIMAL REGISTRATION FORM

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000486721

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. * 082 443 6655

E-mail * marielgreeff@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 * M Surname * GREEFF

Street 16 Heide road. City

Suburb Area Code Danabaai

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 * 07 - 08 - 2024

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

Name of Vet who implanted the Chip THEMBA MALINGA

PET DETAILS

Pet Name

Species * FELINE Date of birth 2024

Colour BLACK Breed * DSH

Gender (Male) Female Markings

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