

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract Done 08/08/24 Dr S. Muller
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 992003000486648

ADMISSION NO:

MBY 3324.

CONTRACT NO:

MA0007T

Adoptee INFO:

Name & Surname M.J. Pieterse

Contact INFO: 084 5791280

Completed by: [Signature]

Date: 10/08/2024

Manager: [Signature]

Date: 10/08/2024

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.



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): MJ Pieterse

HOME ADDRESS: 55 CHARLTON PLACE VILLAS, 6 STEKSTROOM STREET, GLENROY PARK, PE ID NO.: 570280011089

POSTAL ADDRESS: PO BOX 32097, SUMMERSTRAAT 6019

TEL NO (H): - (B): -

CELL NO: 0845701280 FAX NO: -

E-MAIL: Morgan.Pieterse@gmail.com

Address where animal will be kept: As above

Reason for wanting an animal: Lonely, companion. Dogs passed away - old age past year.

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: -

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? Chihuahua

Can you afford private veterinary fees? Yes Who is your vet? Kragga Kamma Vet

How many animals live on your property DOGS 0 CATS 0 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 2 CATS - OTHER -

Which animals do you still have, and what happened to the others? Passed away 1 year and 1 month ago.

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

Full description of the fencing and gate: Wall with steel gate Height: 5 ft.

What shelter is provided: OUTDOORS - KENNEL - OTHER 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

[Signature]

Date of application 7/8/2024



Morag Pieterse <morag.pieterse@gmail.com>

(CHARLETON PLACE TWO) Monthly Statement for Unit No 55

2 messages

Lower Albany Beachfront <noreply@remaxbay.co.za>
Reply-To: pa1@remaxbay.co.za
To: morag.pieterse@gmail.com

Wed, Jul 24, 2024 at 6:00 PM

Attachments:

Invoice-INV00225.pdf
CustomerStatement-PIE001-U55.pdf

ATT: Pieterse JJ

Dear Owner,

Please see your attached statement and invoice.

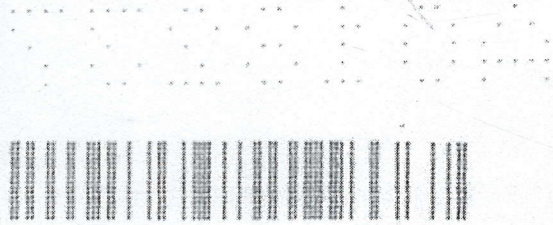
Kindly use the customer code **PIE001-U55** as your payment reference for accurate allocation. If your PDF is password-protected, use the same customer code to access it.

Owners: You can view unit details, detailed invoices and customer statements by logging into your profile. [Click here to login!](#)

Morag Pieterse <morag.pieterse@gmail.com>
To: Koot <grootkoot@gmail.com>

Thu, Jul 25, 2024 at 9:10 AM

[Quoted text hidden]



Passport / Passeport

REPUBLIC OF SOUTH AFRICA / REPUBLIQUE D'AFRIQUE DU SUD

Type / Type: PA Country code / Code du pays: ZAF

Passport No. / No du passeport: A01823713

Given names / Prénoms: PIETERSE

Family name / Nom de famille: MORAG JEAN

Authority / Autorité: SOUTH AFRICAN / SUD-AFRICAINE

Date of birth / Date de naissance: 28 JAN 1957

Sex / Sexe: F

Place of birth / Lieu de naissance: ZAF

Date of expiry / Date d'expiration: 30 JUN 2011

Signature / Signature: 29 JUN 2021



Authority / Autorité: DEPT OF HOME AFFAIRS

Holder's signature / Signature du titulaire: [Signature]

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded.



Garden Route

KENNEL No. <u>IC 22AL30</u>				ADMISSION No. <u>MBY3324</u>		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>19/07/24</u>		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>19/07/24</u>
Microchip/Collar or ID tag found	☐ Yes ☒ No	Date scanned or checked	<u>19/07/24</u>	Microchip or ID Tag number	<u>None</u>	

DESCR. TION & HISTORY	☒ Dog	Cat	Other species (Specify) <u>B/I.</u>			
	Breed	<u>Chihuahua</u>	Colour and Markings	<u>Cream</u>		
	Condition	<u>Fair</u>	Sex	<u>♂</u>	Age	<u>3 years</u>
	Temperament	<u>friendly</u>	Sterilisation details	<u>No</u>	Name	<u>Pickle</u>
	Coat <u>S.</u>	Tail <u>L</u>	Teeth Condition <u>Fair</u>	Ears <u>Picked</u>	Size	<u>M.</u>
	Area found / collected from <u>Hartenbos</u>					Date <u>19/07/24</u>
	Reason for surrender <u>Moving to other town.</u>					

ASSESSMENT			Surrendered by ☒ Name <u>JACOBUS VANDEN KEEFER</u>	
GOOD WITH: Yes No			Found by	
Children	☒	☐	Residential Address <u>2 VANDEN KEEFER STR</u>	
Cats	☐	☒	<u>HARTENBOS</u>	
Other Dogs	☒	☐	Postal Address <u>No postal</u>	
Livestock/Other	☐	☒	Tel (H) <u>No num</u> Tel (W) <u>No num</u> Cell <u>07 2923534</u>	
DO THEY: Yes No	☐	☒	Email <u>No email</u>	
Jump Fences	☒	☐	Donation R <u>None</u> Cash Card EFT (Receipt No.) <u>None</u>	
Run Away	☒	☐		
COMMENTS:				
<u>Surrender</u>				

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

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 **WEE / NIE WEE** 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 <u>[Signature]</u>	Witness for Society <u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
	Details of third Applicant

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.
1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die diere, beskryf op 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 te bewerkstellig.
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.
2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n diere 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. Any charges endorsed hereon are due and payable on request.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. The Society will not home any animal unsterilised.
4. Die Vereniging sal geen diere plaas wat ongesteiriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature	Witness for Society signature
Reason for Euthanasia	

Euthanasia 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	Date _____
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MEDICAL RECORD

Date	Remarks	Treatment	Cost
22.7.24	Vacc		
08/08/24	Castr		



992003000486648

PTS APPROVAL

NAME	SIGN



ADOPTION No

MA0007T

ADMISSION MBY 3324

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN: 8/8/2014

TIME: 09h15

NAME OF APPLICANT: Mary Jean Pickers

ADDRESS: 55 Charlton Place Villas,
6 Sterkboom Street, Glen Ridge, Port

HOME TEL No: N/A.

CELL No: 0843701250

ANIMAL(S) ADOPTING: _____

SEX: _____

AGE: _____

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION	
Type of fence: Brick wall ± 1.6 meters	Height of fence: 1.4 meters
Any sign of Kennel/Shelter? Inadequate	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					
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: J. Etsebeth

AAAL

Inspector

SPCA: _____

SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME

M.J. Pieterse

POSTAL ADDRESS

55 Oakton Place Villas,

STREET ADDRESS

Stekstrom st, Glenay Park, PE.

HOME PHONE

WORK PHONE

CELLPHONE

0845601280.

BREEDER DETAILS

ME

SPECIES

DOG

BREED

CHIHUAHUA

COLOUR

CREAM

SEX

MALE

DATE OF BIRTH

MSD CHIPT

992003000486648

FEATURES/MARKS

NEXT VACCINATION DUE

DATE

DATE

DATE

Aug 2025

I WAS VACCINATED ON

DATE

22/7/24

VACCINE AND BATCH NO.

VANUARD PLUS S
For Adult Use Only
Vaccine
US Veterinary License No. 180
Adenovirus Type 2
Parvovirus
Modified Live Virus
1 Dose

Ser: 6888188
Exp: 25 FEB 25

RABISIN R
UL av/Exp.:
924507
Lot/Batch:

F84838 27/04-2028

VET SIGNATURE

SPCA

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

I WAS VACCINATED ON

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 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), 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 (isoponidine) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet, Exitel Plus XL (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 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.

MSD
Animal Health

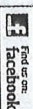
Quantel

Exitel Plus

Exitel Plus XL

ECTO

facebook.com/Bravecto_SouthAfrica



I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
------	---------	------	---------



Exatel Plus Xtel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS.

NOTE TO MY OWNER

Regular vaccines as prescribed by my veterinarian and worming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping my 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

[Signature]

DATE

08/08/2024

DOCTOR'S NAME

Dr. A.S. Wille

Garden Route SPCA

P.O. Box 258

George, 6530

PH 044 693 0824



Intervet South Africa (Pty) Ltd. Reg. No. 1991/006590/07

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

Vaccination protects your pet against
DANGEROUS GERMS
that can be everywhere.

SHARED TOYS

DOG PARKS

PARASITES

CONTAMINATED WATER

SHOES & CLOTHING

VISITING PETS

HOUSEGUESTS

BOARDING FACILITIES

THE ENVIRONMENT

THE GROOMER

SHARED FOOD OR BEDDING

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

I.D. No. 570128 0011 089



SA CITIZEN

SURNAME

PIETERSE

FORENAMES

MORAG JEAN

COUNTRY OF BIRTH

SOUTH AFRICA

DATE OF BIRTH

1957-01-28



DATE ISSUED

2014-02-04

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS

NOTICE OF PERSONAL PARTICULARS

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.
2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

FRICA

AENT

0160586

GEREGISTREERDE WOONADRES • REGISTERED RESIDENTIAL ADDRESS

DHA-3

U adresbesonderhede is soos volg in die Bevolkingsregister opgeneem.
Particulars of your address are included in the Population Register as follows.

2014-02-04

(07614)

24 STRANFONTEIN ROAD
SUMMERSTRAND
PORT ELIZABETH
6019

Identiteitsnommer
Identity number

570128 0011 08 9

2014/02/18

ADMISSION No.
TOELATINGSNR.

UITPLASINGSKONTRA



ADOPTION CONTRACT



Garden Route

DOG / CAT Breed

Male / Female

Microchip and or ID Tag



992003000486648

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.

- I do hereby confirm and undertake that:
- I am over eighteen (18) years of age.
- All family members agree to the adoption and will abide by the conditions in the contract.
- 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.
- I will give the animal a fair chance to adjust to its new home.
- I understand that donations are not refundable or transferable.
- I will feed and house the animal to the Society's satisfaction.
- 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.
- I can afford the services of a private veterinary practitioner.
- I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
- 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.
- I will ensure that the animal is sterilised as stipulated by the Society.
- 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.
- My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
- I will notify the Society within forty-eight (48) hours should the animal die or go missing.
- I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
- 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.
- I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
- 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.

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

HOME ADDRESS

WOONADRES: 55 Charlton place villas,

TEL No (H): 6 Sterkstroom str,

TELEFOON Nr (H): Glenray Park, PE.

CELL No:

SELFOON Nr: 084 5701 280

E-MAIL:

E-POS: morag.pieterse@gmail.com

ADOPTION FEE:

AANEMINGSVOOI: R850

cash / eft / card

kontant / eft / kaart

DONATION:

DONASIE:

KWITANSIE Nr

RECEIPT No. 4508

VEHICLE REG No.

VOERTUIG REG Nr. CL 68011

VEHICLE MAKE:

VOERTUIG MAAK: Suzuki Brga

COLOUR:

KLEUR: Wit

SIGNATURE

HANDTEKENING:

WITNESS FOR SOCIETY:

GETUIE VIR VEREENIGING:

DATE / DATUM:

10/08/24

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieleden stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- 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 onkoste 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 onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoon te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
- 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.
- Ek kan die dienste van 'n private veeartsnykundige bekostig.
- 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.
- 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).
- Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
- 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.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- 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.
- Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per geregistreerde 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 wredeheid of verwaarloos 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.

M.J. Pieterse

ID/PASSPORT No.:

ID/PASPOORT Nr.:

(B):

(W):

FAX No:

FAKS Nr:

**Virbac**

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP



992003000486648

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 084 570 1280

E-mail * morag.pieterse@gmail.com

Title * MRS Initials * MJ

Street 55 Charlton Place Villas

Suburb 6 Sterkstroom street

Country

Phone - Day time

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.

Surname * PIETERSE

City

Area Code Glenroy Park

Province Eastern cape

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 * 08 - 08 - 2024

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

Name of Vet who implanted the Chip DR S MULLER

PET DETAILS

Pet Name PICKLE

Species * CANINE

Colour CREAM

Gender

☒ Male

Female

Date of birth 2021

Breed * CHIHUAHUA

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 Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____ and

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

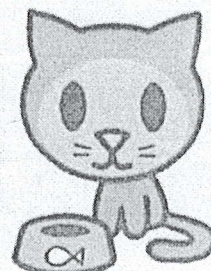
Download the Virbac Backhome Africa App

www.backhome.co.za - Tel: 011 852 6364 or 011 852 6365

PERMISSION TO BE OBTAINED FROM THE TRUSTEES PRIOR TO BRINGING
A PET INTO THE COMPLEX, FAILURE TO COMPLY WILL RESULT IN THE
PET HAVING TO LEAVE THE COMPLEX.



Body Corporate of Charleton Place Villas Application for Pet

Unit No 55

Name of Owner

Kook + Morag Pieterse

Is Unit occupied by Owner / Tenant

Owner

Name of Occupant

Date of application:

8 August 2024 - New dog

Description of animal:

Chihuahua, male 3 years. Rescue SPCA

Pet	Breed	Description	Male/Female	Age
<u>Pickle</u>	<u>Chihuahua</u>	<u>Cream colour</u>	<u>Male</u>	<u>3</u>

Where applicable the necessary Municipal licence documentation must accompany this application.

This permit is issued subject to the following conditions and will be withdrawn if, in the opinion of the Trustees, the owner / tenant fails to comply with these conditions:

1. Only small breed dogs such as Jack Russell or terriers will be allowed to be kept on the premises.
2. No large or vicious breed dogs are permitted.
3. The animal is allowed out of the owner's section only when under the control of a responsible adult - dogs must be leashed;
2. The animal is not allowed under any circumstances, to enter any other owner's section without the permission of that owner;
3. If the animal should soil any part of the property, the owner shall immediately clean up and remove any mess so that the area is left in a clean and hygienic state;
4. The animal is not allowed to create a nuisance or disturb other owners / occupants by excessive barking, howling etc. - no breeding of any pets - undue nuisance will result in the withdrawal of permission to keep the pet under complaint. Cats are to be restricted to the unit/yard and may not be allowed to roam freely, enter another unit and/or soil in another yard/common property;
5. The area in which the animal is kept must be maintained in a neat and clean state and must, under no circumstances, have an adverse affect on neighbouring properties either from an aesthetic or an hygienic aspect; all dogs to have kennels and kennels to be on brick paving or cement slabs;
6. It is the responsibility of the owner to ensure that the tenant(s) are made aware of these requirements;
7. This is in accordance Government Gazette, 8 April 1988, No. 11245: Female cats and bitches must be sterilised and male cats must be neutered. Certification to accompany application
8. The Applicant hereby also acknowledges that, in the event of the death of the pet for which permission is applied for herewith, a replacement pet may not be kept under this application.

I hereby agree to these conditions:

SIGNATURE:

TENANT

DATE:

SIGNATURE:

OWNER

DATE:

8 August 2024

APPROVED:

CHAIRPERSON

DATE:

08 AUG 2024