ADOPTION CHECKLIST

ADMISSION NO: MBY 3170

CONTRACT NO: MBY 014 1

- [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 23/07/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486727

Adoptee INFO:

Name & Surname Annette Minnie

Contact INFO: 0768182170

Completed by: _____ Date: 26/07/24

Manager: _____ Date: 26/07/24

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.

K29 Loaded.

ADMISSION, ASSESSMENT AND HISTORY RECORD

CB5.

DBV SPCA
Garden Route

KENNEL No. ~~B5~~ K29				ADMISSION No. MBY3170		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 26/06/24			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	26/06/24
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	26/06/24	Microchip or ID Tag number	None.

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify) B / I.		
Breed	x Breed.	Colour and Markings	Black & Beige. kgs	
Condition	Fair.	Sex ♀	Age Week.	
Temperament	Friendly	Sterilisation details No	Name	
Coat S	Tail L	Teeth Condition fair.	Ears hang	Size M.
Area found / collected from	Danabaai.			Date 26/06/24.
Reason for surrender	Stray.			

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

Surrendered by / Found by X	Name	CATHERINE GROBBELAAR			
Residential Address	32 P. ODORATA STR. DANABAAI				
Postal Address	No postal.				
Tel (H) No num	Tel (W) No num	Cell 0729590880			
Email	No email				
Donation R None	Cash	Card	EFT	(Receipt No.) None	

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

Signature	Witness for Society

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.
2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.
3. Any charges endorsed hereon are due and payable on request.
4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf 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 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

992003000486727

MEDICAL RECORD

Date	Remarks	Treatment	Cost
28/6/24	Trimworm		
5/7/24	puppy Vax		
	Next 19/7/24		
23/7/24	Sterilised + Vacs		

PTS APPROVAL

NAME	SIGN

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:			

Severe superficial pyo dermatitis
Has to have antibiotic shampoo baths atleast 2x week
Rx Clavet 250mg 1/2 tablet 2x day for 7 days

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000486727

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. * 0768182170

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

E-mail * annetteminnie@gmail.com

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

Title * MRS Initials * A Surname * MINNIE

Street 3 DEKRIET City

Suburb Area Code ALBERTINIA

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date * 20 - 08 - 2024

Date of Implant * 25 - 07 - 2024

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

Name of Vet who implanted the Chip WALLY WAGENAAR

PET DETAILS

Pet Name Date of birth 2024 M M D D

Species * DOG Breed * GSD X

Colour BLACK + BROWN Markings

Gender ☐ Male ☒ Female Sterilised ☒ Yes ☐ No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? ☐ Yes ☐ No

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

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

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

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

Section 4-12a

DBV SPCA

ADOPTION No

ADMISSIO

PRE AND POST HOME INSPECTION FORM

PASSED: (YES) / NO

DATE UNDERTAKEN: 19/07/24 TIME: 14h00

NAME OF APPLICANT: Mienie

ADDRESS: 3 Dekriet laan, Albertinia

HOME TEL No: CELL No: 0768182170

ANIMAL(S) ADOPTING: German Shepard

SEX: female AGE: 8weke

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Beton mure		Height of fence: 6 voet	
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?	Geen

Puppie geen in huis 1 klaar

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	N/A				
SEX					
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Tinka Smal SPCA: Mosselbaai SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

Section 4-12a

OC ADOPTION No ADMISSIO

PRE AND POST HOME INSPECTION FORM

PASSED: (YES) / NO DATE UNDERTAKEN: 19/07/24 TIME: 14h00

NAME OF APPLICANT: Mienie

ADDRESS: 3 Dekriet laan, Albertinia

HOME TEL No: CELL No: 0768182170

ANIMAL(S) ADOPTING: German Shepard

SEX: female AGE: 8 weke

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Beton muur		Height of fence: 6 voet	
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?	Geen

Puppie geen in huis klaar

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	N/A				
SEX					
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Tinka Smal SPCA: Mosselbaai SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

MY OWNER

NAME	Annette Minnie
POSTAL ADDRESS	
STREET ADDRESS	3 Dekriet Str
	Albertinia
HOME PHONE	
WORK PHONE	
CELLPHONE	0768182170
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	Cross breed.
COLOUR	Black and Tan
SEX	Female.
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000486727
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
23/08/2024.		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
28/06/24	Nobivac Puppy DP Batch: A207B02 Exp.: 03-2025	Awf
29/07/24.	Nobivac 1 DAPPV Ser.: G2121A78E Exp.: 2906T25 PEEL HERE Boehringer Ingelheim RABISIN R Lot/Batch: 924507 Ut. av./Exp.: E48017 28/01-2025	Awf (Booster)
	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 SIGNATURE
	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 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

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 23/07/2024.

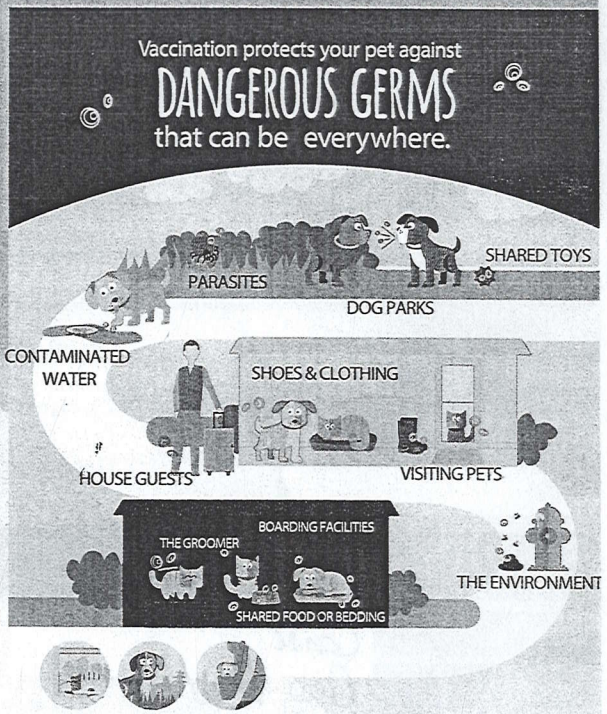
DOCTOR'S NAME Dr. A.S. Muller.

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 No.
TOELATINGSNR. MBY0141

ADOPTION CONTRACT

DBV SPCA
Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and ID Tattoo	992003000486727		

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): Annette Minnie

HOME ADDRESS
WOONADRES: 3 Dekriet Str, Albertinia

ID/PASSPORT No.:
ID/PASPOORT Nr.: 5702120022088

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

(B):
(W):

CELL No:
SELFOON Nr: 0768182170

FAX No:
FAKS Nr:

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

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3557

VEHICLE REG No.
VOERTUIG REG Nr. CFS 1936

VEHICLE MAKE:
VOERTUIG MAAK: Ford

COLOUR:
KLEUR: Blou

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING.

DATE / DATUM: 26-7-24

Luna.

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): MRS Tamie FP

HOME ADDRESS: 3 Dekmet str Alletinia

ID NO.: 5702120022088

POSTAL ADDRESS: 5005 bo

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

CELL NO: 0768182170 FAX NO: _____

EMAIL: annetterainie@gmail.com

Address where animal will be kept: 3 Dekmet str alletinia

Occupation: Pensioner

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

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? GSD X

Can you afford private fees? Yes Who is your vet? Vital vet

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS chickens 5

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

Are all your animals sterilised? Give details _____

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

Which animals do you still have, and what happened to the others? 0, passed away (old age)

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

Full description of the fencing and gate: Palisade, wire gates Height: 1.8 feet

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER _____

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

Pre Home Inspection Fee: R100. Receipt No: 3555

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 15/07/2024

HESSEQUA
MUNISIPALITEIT
MUNICIPALITY
U MASIPALA
BTW NR: 4780193258

BELASTING FAKTUUR

MINNIE AP
3 DEKRIETSTRAAT
ALBERTINIA
6695

BTW Nr.: 00000000000

BELASTING FAK Nr.	13826
STAAT DATUM	2024/06/25
REKENING NOMMER	5010114402
DEPOSITO	2085.00

MARK WAARDE	TARIEF BEDRAG	KORTING	AFSLAG	KORTING PERS.
822000	0.0072130	50000.00		

DIENS	KODE/ DATUM	BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	BALANS
	Verbrk	192.18	-79.13	78.64	11.80	0.00	0.00	203.49
	Basies	298.15	-263.27	175.00	26.25	0.00	0.00	236.13
	06/25	503.70	-251.85	219.00	32.85	0.00	0.00	503.70
	06/25	460.00	-230.00	200.00	30.00	0.00	0.00	460.00
rates	06/25	928.08	-464.04	464.00	0.00	0.00	0.00	928.04
SUB TOTAAL		2382.11	-1288.29	1136.64	100.90	0.00	0.00	2331.36
IN	06/04	1.07	-1.07	0.00	0.00	0.90	0.00	0.90
IN	06/04	2.33	-2.33	0.00	0.00	2.33	0.00	2.33
IN	06/04	2.13	-2.13	0.00	0.00	2.13	0.00	2.13
IN	06/04	9.86	-4.93	0.00	0.00	4.93	0.00	9.86
IN	06/04	1.25	-1.25	0.00	0.00	0.73	0.00	0.73
SUB TOTAAL		16.64	-11.71	0.00	0.00	11.02	0.00	15.95
		BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	VERSKULDIG
TOTALE:		2398.75	-1300.00	1136.64	100.90	11.02	0.00	2347.31

VERVAL DATUM
2024/07/22

REELING 0.00

BEDRAG VERSKULDIG 2347.31

TARIEWE

WATER	ELEKTRISITEIT
0.000 - 6.000 KL 9.8300 R/KL 7.000 - 15.000 KL 9.8300 R/KL 16.000 - 30.000 KL 11.2100 R/KL 31.000 - 40.000 KL 12.2400 R/KL 41.000 - 50.000 KL 14.8900 R/KL 51.000 - 70.000 KL 17.4700 R/KL BO 70.000 KL 21.0600 R/KL	

WATER METER LESING

2024/04/29 VORIGE	2024/05/27 HUIDIGE	VERBRUIK
811.000	819.000	8.000

ELEKTRISITEIT METER LESINGS

VORIGE	HUIDIGE	VERBRUIK

EIENDOMS INLIGTING

ERF NR	00001144	WYK	2
STRAAT ADRES	3 DEKRIETLAAN		
DORPS GEBIED	ALBERTINIA		
GEDEELTE			
EENHEID	00500100000114400000000000	OPPERVLAKTE	968

AFSNY

Die verskaffing van dienste mag gestaak word sonder verdere kennisgewing as enige balans onbetaald is na die betaaldatum en die deposito mag hersien word. Let asseblief op dat die betaaldatum nie van toepassing is op agterstallige balanse.

INDIEN REKENING ELEKTRONIES BETAAL WORD, GEBRUIK SLEGS REKENINGNOMMER AS VERWYSING.

MUNISIPALITEIT/
HESSEQUA
U MASIPALA

MINNIE AP

SKEUR ASSEBLIEF AF EN STUUR TERUG MET BETALING

BETAAL DATUM	2024/07/22
BEDRAG	2347.31
REKENING NOMMER	5010114402

DIREKTE INBETALING

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

TAK Nr.: 200313 REK. Nr.: 53571024174 REK. TIPE: TJEK

VERWYSING Nr.: 5010114402

GEBRUIK ASB DIE KORREKTE VERWYSINGSNO OM STAKING VAN DIENSTE TE VOORKOM

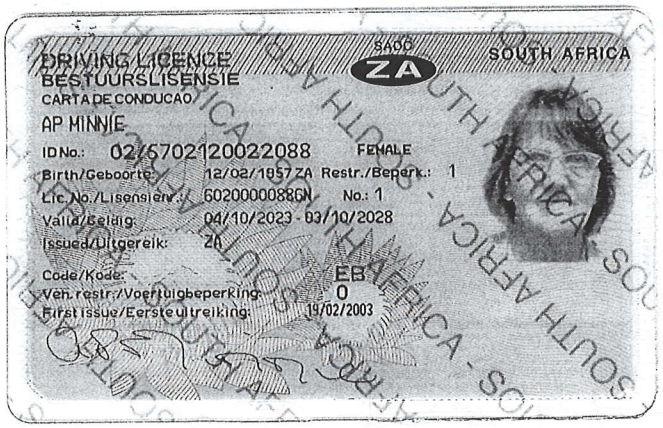
accounts@hessequa.gov.za

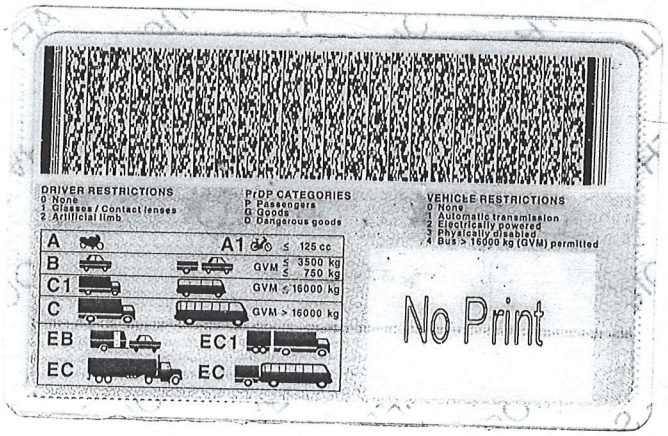
SOUTH AFRICA
Permit Mail
P0001250

MUNICIPALITY HESSEQUA
MUNISIPALITEIT

5010114402
MINNIE AP
3 DEKRIETSTRAAT
ALBERTINIA
6695

VOU EN SKEUR AF.


SADC
ZA
SOUTH AFRICA
DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO
AP MINNIE
ID No.: 02/6702120022088 FEMALE
Birth/Geboorte: 12/02/1957 ZA Restr./Beperk.: 1
Lic.No./Lisensienr.: 60200000886N No.: 1
Valid/Geldig: 04/10/2023 - 03/10/2028
Issued/Uitgereik: ZA
Code/Kode: EB
Veh.restr./Voertuigbeperking: 0
First issue/Eersteuitreiking: 19/02/2003


DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb
P/DP CATEGORIES
P Passengers
D Goods
D Dangerous goods
VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 Bus > 16000 kg (GVM) permitted
A
A1 ≤ 125 cc
B
GVM ≤ 3500 kg ≤ 750 kg
C1
GVM ≤ 16000 kg
C
GVM > 16000 kg
EB
EC1
EC
EC
No Print

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0141 DATE: 26/07/24

between Mosselbay SPCA

and

Name Annette Minnie

Address 3 Dekriet Str, Albertinia

Telephone Numbers (H) (B) 0768182170

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

Animal's Name Sex Female Age 3 months

Description GSD X

On (due date) 23/08/2024 Adoption Form No. MBY 0141

on the understanding that you will arrange to have this done at the Mosselbay SPCA Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for the vaccination without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred and the owner is obligated to provide the Society with proof of the vaccination within one (1) month of the date of adoption.
2. If the animal is not vaccinated on the due date mentioned above, the Society **reserves the right to repossess** the animal and **NO MONEY WILL BE REFUNDED.** The owner agrees that a member of the SPCA's staff may enter upon their premises in order to repossess and/or inspect the animal.
3. This animal cannot be passed on to a new owner. Refer to Adoption Contract.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring Section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: _____ For SPCA: _____

CONFIRMATION OF RABIES VACCINATION:

Vet: _____ Signed: _____

Date: _____