ADOPTION CHECKLIST

ADMISSION NO: MBY 3565

CONTRACT NO: MA 00012T

- [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
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486643

Adoptee INFO:

Name & Surname: Francois Nieuwoudt

Contact INFO: 0718816502

Completed by: _____ Date: 23/08/24

Manager: _____ Date: 23/08/24

FUTURE POST HOME INSPECTION (every 6 Months)	
Date of Inspection	Date of Inspection

This checklist must be completed and attached to the front of every adoption that has been processes.

All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

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:			

Hansie.

MA 00012 T

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): MR. Francois Nieuwoudt

HOME ADDRESS: 48 Maroela Straat

Heiderand ID NO.: 8301285034082

POSTAL ADDRESS: 48 Maroela Straat Heiderand

TEL NO (H): (B):

CELL NO: 071 881 6502 FAX NO:

E-MAIL: nieuwoudtf@yahoo.com

Address where animal will be kept: 48 Maroela Sheet Heiderand

Reason for wanting an animal: friend for Labrador

Occupation: Manager: Horticulture. Mossel Bay Municipality

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

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

Reason for wanting an animal: friend for Labrador

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?

Can you afford private veterinary fees? yes Who is your vet? Heiderand Dierekliniek.

How many animals live on your property DOGS 1 CATS OTHER

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

Are all your animals sterilised? Give details not yet

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? Cancer

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

Full description of the fencing and gate: motor gate Height: 2m.

What shelter is provided : OUTDOORS KENNEL OTHER closes stoep.

Have you previously had pets from an SPCA? no Are there children under the 10 years in your household? yes

Pre Home Inspection Fee: R100 Receipt No.: 4526

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** 19/08/2024

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 20·8·24 TIME: 10:02

NAME OF APPLICANT: Francois Nieuwoudt

ADDRESS: 48 Maroela Str, Heiderand

HOME TEL No: _____ CELL No: 071 881 6502

ANIMAL(S) ADOPTING: X Breed

SEX: Male AGE: 8 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 2m ±		Suitability of fence (i.e. small pets can't escape): Wall.	
Suitable shelter? (i.e. Kennel in protected area)	YES ☐ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☐
Is the front yard separated from the back?	YES ☐ / NO ☐	If yes, what partitioning?	
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☐	Specify:	
Does applicant live at the address?	YES ☐ / NO ☐	How many animals are on the property?	

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED	Lab				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	pup / M	/	/	/	/
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: Luciano Bragi **SPCA:** Mossel Bay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Francois Nieuwoudt
POSTAL ADDRESS	
STREET ADDRESS	48 Marcela Street
	Heidevand
HOME PHONE	
WORK PHONE	
CELLPHONE	071 881 6502
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	X BREED
COLOUR	BLACK + WHITE.
SEX	MALE
DATE OF BIRTH	2024
MICROCHIP/TATTOO	992003000486643
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
31/09/2024		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
05/08/24	Nobivac Puppy DP Batch: A207B02 Exp.: 03-2025 + Anhezole	AHT
16/08/24	Nobivac 1 DAPPv Ser.: 02121A77E Exp.: 22-OCT-2025 + Anhezole	AHT

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!

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.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL

Find us on: facebook.

facebook.com/Bravecto.SouthAfrica

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

Quantel — WORMER 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

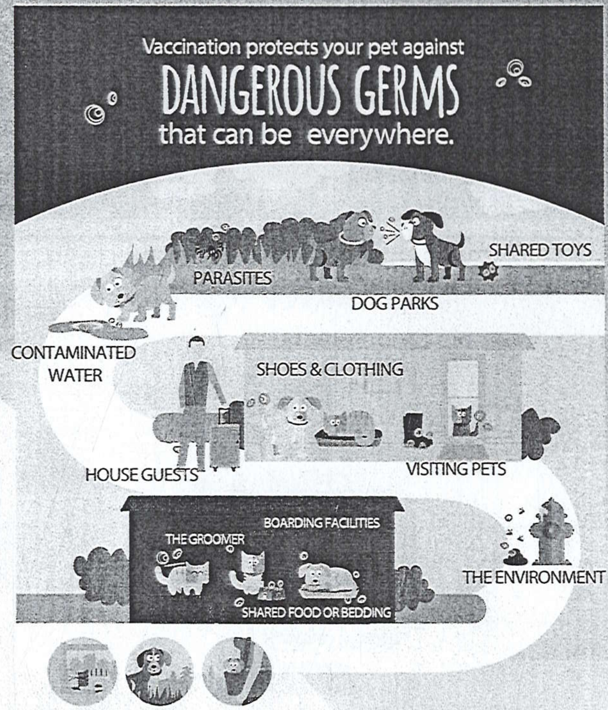
DOCTOR'S NAME

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

VACCINE RECORD CARD



PET'S NAME

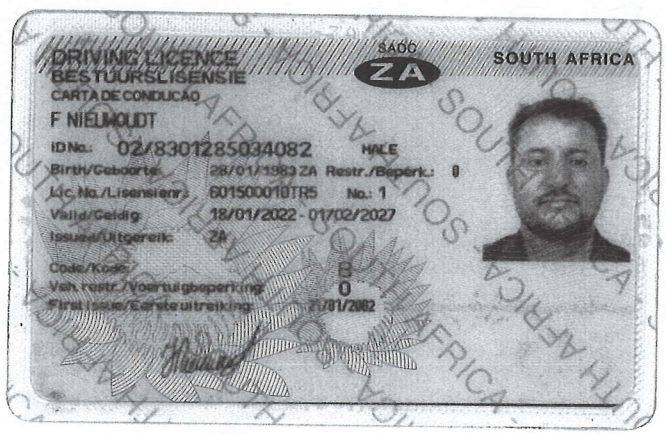
MY VET

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


SA06
ZA
SOUTH AFRICA
DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCÃO
F NIELWOUDT
ID No.: 02/8301285034082
MALE
Birth/Geboorte: 28/01/1983 ZA
Restr./Beperk.: 0
Lic.No./Lisensienr.: 601500010TR5
No.: 1
Valid/Geldig: 18/01/2022 - 01/02/2027
Issued/Uitgereik: ZA
Code/Kode: B
Veh.restr./Voertuigbeperking: 0
1/01/2002

Vou en skeur af.

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	64-005598-006-9
DATUM VAN REKENING:	25/07/2024
LAASTE KWITANSIE DATUM:	24/07/2024
VOORAFBETAALDE METERNOMMER:	

Naam:
NIEUWOUDT F & HM
Liggingsadres:
48 MAROELASTRAAT HEIDERAND X12
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
958.00	5598000	1675000	6

DATUM	BESONDERHEDE	LESINGDATUM: 26/06/24	BEDRAG
	BALANS OORGEBRING		1952.81
19/07/2024	0760164464	ELEKTRISITEIT 11/07/2024-13/07/2024	451.54 *
	BASIES	392.65	
	VAT/BTW	58.89	
19/07/2024	AMR1204390	WATER 24/05/2024-26/06/2024	426.35 *
	1614 - 1635 (21 Kl 33 Dae)		
	BASIES	237.63	
	07/23 6.51 @ 0.000 =	0.00	
	. 14.49 @ 9.186 =	133.11	
	VAT/BTW	55.61	
19/07/2024	300006	VULLIS	299.64 *
19/07/2024	400006	RIOOL	335.43 *
19/07/2024		BELASTING PAAIEMENT	530.57
		KWITANSIES	1952.00 -
		AUXILIARY KWITANSIES	57.75 -
		Balans Oorgedra	0.59 -
	BTW OP '*' ITEMS: 197.33	ACB TOT: 0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	1986.59	1986.00

BETALINGS MOET OP OF VOOR DIE VERVALDATUM GEMAAK WORD	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/08/2024	1986.00

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

Verwys. Nr.: 640055980069

EasyPay >>>>>9152664005598006 92

11379 640055980069

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

NIEUWOUDT F & HM
MAROELASTRAAT 48
HEIDERAND
6506

640055980069

Fold and tear on perforation.

ADMISSION No.
TOELATINGSNR. MBY3565

DBV SPCA Garden Route

ADOPTION CONTRACT

MA00012T

DOG / CAT	Breed	Male/Female	
Microchip and or ID Tag Number:	992003000486643		

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): Francois Nieuwoudt

HOME ADDRESS
WOONADRES: 48 Maroela Straat, Heidedal

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8301285034082

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

(W): _____

CELL No:
SELFOON Nr: 071 881 6502

FAX No:
FAKS Nr: _____

E-MAIL:
E-POS. nieuwoudtf@yahoo.com

ADOPTION FEE:
AANEMINGSVOOI: R750 cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE: _____

KWITANSIE Nr
RECEIPT No. 4537

VEHICLE REG No.
VOERTUIG REG Nr. CBS 57633

VEHICLE MAKE:
VOERTUIG MAAK: Kia Rio

COLOUR:
KLEUR: Grys

SIGNATURE
HANDTEKENING: _____

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINIGING: _____

DATE / DATUM: 23/08/2024

End. Su

Garden Route DBV SPCA

Mosselbay Branch PO Box 258, George, 6530
Tel: **044 – 693 0824** Fax: 044 – 693 2034
Theatre: 071 658 4832 / theatrem@grspca.co.za
After Hours / Emergency: 072 287 1761

APPLICATION FOR STERILISATION OF ANIMALS (MTS)

PLEASE COMPLETE. FORMS THAT ARE NOT **FULLY** COMPLIED WITH, WILL NOT BE CONSIDERED

Owner name & surname: Francois Nieuwoudt

Address: 48 Mandela Street

Cel / Tel no: 071 881 6502

Occupation & Employer: Municipal Mossel Bay

Marital status: Married

Joint monthly income of all home occupants: R64 000

Dependants: 2x kinders

Rent / Bond amount p/m: R13600-00

Dog / Cat: Ja - Dog Breed/s: Labrador

Colour & description: Labrador Brown

Animal's name: Milo

Sex: Male Age: 1 year 2 maths

Health recently (e.g. appetite): good.

I hereby grant permission for the relevant vet to castrate / spay my animal/s. I understand that neither the SPCA nor their appointed vet, can be held responsible if my animal should run away, get sick or should anything happen to it during the whole process.

Please attach the following & tick off:

1) **Copy of most recent pay slip OR S.A.P. Affidavit, confirming that I am unemployed** ☐
2) **Copy of last 3 months' bank statements** ☐
3) **a List of ALL our monthly income and expenses** ☐

As per the Agreement with the South African Veterinarian Council, the SPCA undertakes to only treat animals of peo who cannot afford the services of a private vet. If it is found that the information provided to the SPCA, is in any way true or incomplete, the SPCA reserves the right to refuse further treatment and to bill the owner/s for the cost incurred date. The SPCA can also take legal action if any of the documentation is false or untrue.

Signature: _____ Date: 22/8/2024

For office use:

Received – Pay slip / Affidavit ☐ Bank statements ☐ List of inc/exp ☐

Rec #:_____ Name:_____ Steri Date:_____

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000486643

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. * 071 881 6502

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

E-mail * niewhoudtf@yahoo.com

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

Title * MR Initials * F Surname * NIEUWOUDT

Street 48 MAROELA City

Suburb Area Code HEIDERAND.

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 * - -

Date of Implant * 21 - 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 2024

Species * CANINE Breed * X BREED.

Colour BLACK + WHITE 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

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.

DBV SPCA
Garden Route

KENNEL No.	~~K12 ISO~~ 18/14 K33			ADMISSION No.	MBY3565	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	1/08/24		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	1/08/24	Microchip or ID Tag number	None.		

DESCRIPTION & HISTORY

Dog x6	Cat	Other species (Specify)	B/I.		
Breed	x Breed.	Colour and Markings	Wit, Swart, Brun.		
Condition	Fair.	Sex	♂	Age	6 weeks.
Temperament	Fair.	Sterilisation details	No	Name	
Coat S.	Tail L.	Teeth Condition Fair.	Ears Hang.	Size	S.
Area found / collected from	Jcc Camp.			Date	01/08/24
Reason for surrender	To much dogs.				

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

Surrendered by / Found by		Name	Mrisa Britz		
Residential Address	Jcc camp				
Postal Address	No postal.				
Tel (H) No num	Tel (W) No num	Cell 084 910 8156			
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	

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	Microchip / ID tag details
		No	

992003000486643

MEDICAL RECORD

Date	Remarks	Treatment	Cost
5/8/24	Amoxicol		
	Nxt 19/8/24		
16/8/2024	Antezole		
	Nxt - 13/9/2024		

PTS APPROVAL	
NAME	SIGN

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 00012 T DATE: 23/08/24

between Mosselbay SPCA

and

Name Francois Nieuwoudt

Address 48 Mavoela Straat, Heiderand

Telephone Numbers (H) (B) 071 881 6502.

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

Animal's Name Sex Male Age 7 weeks

Description X Breed Black + White

On (due date) 13/09/24 Adoption Form No. MA 00012 T

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: _____

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 00012T DATE: 23/08/24

Contract

between Mosselbay SPCA

and

Name Francois Niewoudt

Address 48 Maroela STR, HEIDERAND

Telephone Numbers (H) (B) 071 881 6502

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name Sex Male Age 7 weeks

Description x Breed Black + white.

On (due date) 14 / 11 / 2024 Adoption Form No. MA 00012T

Rec No Date of Rec

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 this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society **reserves the right to confiscate** 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 remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
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 the 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: