ADOPTION CHECKLIST

ADMISSION NO: MBY 3386

CONTRACT NO: MA 00016T

- [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 sterillzation Contract Done 27/08/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486996

Adoptee INFO:

Name & Surname Bradley Schmahl

Contact INFO: 084 7974866

Completed by: _____ Date: 29/08/24

Manager: _____ Date: 29/08/24

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

LOADED.

DBV SPCA
Garden Route

KENNEL No.	K26 kenn. 29			ADMISSION No.	MBY3386	
Stray X	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 29/7/24	N/A	Time in	09:00	Date for release		

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	X Yes / No	Lost & Found Date checked	29/7/24
Microchip/Collar or ID tag found: Yes / No	Date scanned or checked	29/7/24	Microchip or ID Tag number	None

DESCRIPTION & HISTORY					
Dog ✓	Cat	Other species (Specify)		10 km	
Breed	X Border Collie		Colour and Markings	Black	
Condition	Fair		Sex	Male	Age ± 4 month
Temperament	Friendly		Sterilisation details	No	Name Archie
Coat	Tail	Teeth Condition	Ears	Down	Size Sm
Area found / collected from	Adriaanse Rylaan, Mosselbaai				Date 29/7/24
Reason for surrender	Found crossing busy road				

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	K. Ramos
Residential Address	Mosselbay		
	SPCA		
Postal Address			
Tel (H)	Tel (W)	Cell	None
Email			
Donation R	Cash	Card	EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

STATEMENT OF SURRENDER

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

Hiermee verklaar ek dat ek dier/e hierbo beskryf **BESIT / NIE BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word 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: _____

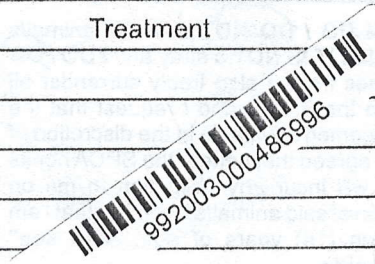
Signature: _____ Witness for Society _____

Microchip / Collar and ID tag given		Yes / No	Microchip / ID tag details

Date _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
5/8/24	Antemile + rabies		
	Nxt - 5/9/25		



PTS APPROVAL	
NAME	SIGN

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL/CAGE #	K29	DATE	05/08/2024
CARD #	MBY 3386	BREED	GSD X
COLOUR	Black	STRAY/SURRENDER	STRAY
ANIMAL NAME	NO	MALE/FEMALE	MALE
ANIMAL BEEN VACC	NO	PROOF OF VACC?	
STERILIZED	NO	AGE	± 4 months

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:		

Archie.

MA000 16T

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 Bradley W Schmahl

HOME ADDRESS: 262 Silene Drive, Mossel Bay Golf Estate

ID NO.: 8203225338088

POSTAL ADDRESS: _____

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

CELL NO: 0847974866 FAX NO: _____

E-MAIL: Bradley.schmahl@outlook.com

Address where animal will be kept: 262 Silene Drive, Mossel Bay Golf Estate

Reason for wanting an animal: For Family

Occupation: Project Manager / Director

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

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

Reason for wanting 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? _____

Can you afford private veterinary fees? Yes Who is your vet? _____

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

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

Are all your animals sterilised? Give details _____

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

Which animals do you still have, and what happened to the others? None, left previous with Ex GF

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, Wooden fencing Height: _____

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No.: 4530

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** 20/08/2024

MA 00016T

992003000486996

ADMISSION NO MBY 3386

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 22.8.24 TIME: 9:09

NAME OF APPLICANT: Bradley Schmahl

ADDRESS: 262 Silene Drive, Mosselbay Golf estate

HOME TEL No: _____ CELL No: 0847974866

ANIMAL(S) ADOPTING: Collie X

SEX: Male AGE: 5 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wood meters		Suitability of fence (i.e. small pets can't escape):	
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?	Wooden gate
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☐ **CATS**
- ☐ **SMALL DOGS**
- ☑ **MEDIUM DOGS**
- ☐ **LARGE DOGS**

INSPECTED BY: Luvuyo **SPCA:** mosselbay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Street
Double garage
House
Swimming pool
Street
House
Pathway

ADMISSION No.
TOELATINGSNR. MBY 3386

DBV SPCA Garden Route

ADOPTION CONTRACT

MA00016T

DOG / CAT	Breed	Male/Female	
Microchip and or ID Tag Number:	992003000486996		

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.

DBV SPCA Garden Route

UITPLASINGSKONTRAK

HOND / KAT	Ras	Manlik/Vroulik	
Mikroskyfie en of ID nSkyfie Nommer:			

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. Ek sal nie die dier vasketting of gehok hou nie, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private veeartsnykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir katte gebruik word.
14. My erf is behoorlik omheen en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres

** Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.*
** Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarlosing van enige dier nie.*

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

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

HOME ADDRESS
WOONADRES: 262 Silene Drive, Mosselbay Golf Estate

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8203225338088

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

(B):
(W):

CELL No:
SELFOON Nr: 0847974866

FAX No:
FAKS Nr:

E-MAIL:
E-POS. bradley.schmahl@outlook.com

ADOPTION FEE:
AANEMINGSVOOI: R150.00 cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. MBY 4564

VEHICLE REG No.
VOERTUIG REG Nr. CBS 7345

VEHICLE MAKE:
VOERTUIG MAAK: Jaguar

COLOUR:
KLEUR: Blue/Silver

SIGNATURE
HANDTEKENING: BSM

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING. BSM

DATE / DATUM: 29/8/24

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

I.D.No. 820322 5338 08 8

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
SCHMAHL

VOORNAME/FORENAMES
BRADLEY WALTER

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
ZIMBABWE

GEBOORTEDATUM/
DATE OF BIRTH
1982-03-22

DATUM UITGEREIK
DATE ISSUED
2004-04-21

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

Lease Agreement
Managed (CPA)

Name of Business Entity: Grand Bridge Trading 50 Pty Ltd

A franchisee of Pam Golding Franchise Services (Pty) Ltd (trading as Pam Golding Properties Mossel Bay & Great Brak (PGP))

Address: 86 Bland Street, Mossel Bay, 6500

Contact Details: 044-6913844 | **Reg No:** 2004/007592/07 | **Vat No:** 411 021 6290

SCHEDULE OF PARTICULARS

1. DETAILS OF LANDLORD

1.1. Name: **H P BADENHORST FAMILIETRUST** (the "Landlord")

1.2. Registration / ID No: **453/2003**

2. DETAILS OF TENANT

2.1. Name: **BRADLEY WALTER SCHMAHL** (the "Tenant")

2.2. Registration / ID No: **8203225338088**

3. DETAILS OF AGENT(S)

3.1. Rental Agent Responsible for your Lease Agreement Management

Beryldene Hermanus, 071 363 8385, beryldene.hermanus@pamgolding.co.za - *Holder of Full Status FFC*

Office Telephone Number: 044-6913844

4. DETAILS OF PROPERTY TO BE LET

4.1. Physical address: **262 SILENE DRIVE, MOSSEL BAY GOLF ESTATE** (the "Premises")

4.2. Additional Details; **N/A**

4.3. Number of occupants: **1**

5. LEASE PERIOD

5.1. Commencement date ("Commencement Date"): **15th January 2024**

5.2. Date of Expiry ("Expiry Date"): **31st JANUARY 2025**

Fixed period of **12 (Twelve)** months and **16 (Sixteen)** days.

6. MONTHLY RENTAL

6.1. The rental shall be **R 39 200.00 (THIRTY-NINE THOUSAND TWO HUNDRED RAND)** per month.

Please note: No CASH Payments are accepted at our offices.

Tenant Initial Here | Landlord Initial Here

charged by PGP, in the area, for the preceding 3 months, for similarly priced properties.

26. **PROPERTY PRACTITIONERS ACT 22 OF 2019** ("PPA") The duly completed and signed mandatory disclosure form in respect of the Property required in terms of section 67 of the Property Practitioners Act 22 of 2019, is attached hereto as Annexure "1".

27. **ADDITIONAL TERMS**

27.1. Since the Mossel Bay Municipality no longer allows tenants to open utility accounts in their name, the account will remain in the landlord's name, however, the tenant is responsible to cover all utilities as set out in Clause 7 of this agreement. The Landlord will provide PGP with the monthly account, at which time PGP will invoice the tenant for their relevant items and these amounts will be payable within 7 days of date of the invoice.

27.2. The property is let fully furnished, and an inventory will be supplied to the tenant prior to occupation. This inventory remains the property of the Landlord and the tenant hereby undertakes to take care of these items for the duration of the lease and return said items in the same condition as they were received.

27.3. The Landlord has previously made use of certain contractors in terms of repairs and maintenance to various aspects of the property. He has specifically requested that these contractors continue to assist in terms of the property and has made the details available to the tenant. Since they are already well acquainted with the property, he believes this will make it easier for the tenant to continue to take care of the property in the same vein.

28. **OFFER TO LEASE**

28.1. The first signature on this Agreement, i.e. by the Tenant, constitutes an irrevocable offer to lease the Premises, which offer is open for acceptance by the Landlord up to (i.e. the offer expires at) 14h00 (time) on 9th January 2024 where after it shall lapse.

28.2. The Landlord may accept the offer by signing in the space provided below and by returning the entire agreement to PGP, which return may be by email.

28.3. If the Landlord fails to accept the offer by the due date (as contemplated in clause 26.1), then the offer will lapse and be of no force or effect.

This done and signed by the Tenant at Mosselbay on this 9th day of January 2024

FOR: ~~THE~~ TENANT

(who warrants that he/she/it is duly authorised)

This done and signed by the Landlord at PRIESKA on this 8th day of JANUARY 2024

FOR: THE LANDLORD

(who warrants that he/she/it is duly authorised)

The benefits of this Agreement are hereby accepted by Pam Golding Properties.

FOR: PAM GOLDING PROPERTIES

Tenant Initial Here | Landlord Initial Here

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 27/08/2024.

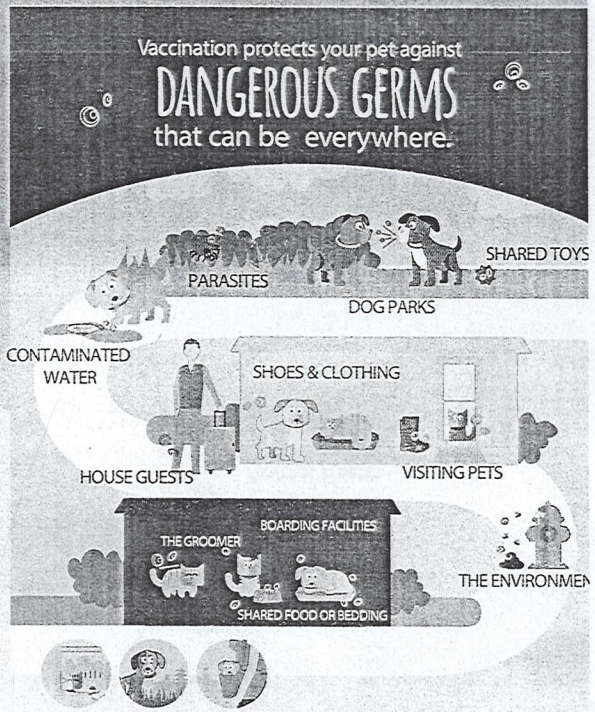
DOCTOR'S NAME Dr. A.J. Muller.

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

MY OWNER

NAME	Bradley Schmahl
POSTAL ADDRESS	
STREET ADDRESS	262 Silene Drive
	Mosselbay Golf Estate
HOME PHONE	
WORK PHONE	
CELLPHONE	0847974866
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	GSD X
COLOUR	BLACK
SEX	MALE
DATE OF BIRTH	2024
MICROCHIP/TATTOO	992003000486996
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
05/09/2024		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
05/08/24.	Ser: 0212178E Exp: 29OCT25 FEEL HERE Anrezole + Rabies	A.H.T
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATUR
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.
My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk.
Now it is up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DHPPi (Reg. No. G2377 Act36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947). **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947), **Quantel® Tablets** (Reg. No. G2717 (Act 36/1947) Contains Praziquantel (isoqinoline) 50 mg/tablet and Fenbendazole (benzimdazole) 500 mg/tablet. **Exitel Plus** (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. **Exitel Plus XL** (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

MSD Animal Health

Find us on: facebook.

Nobivac Quantel Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/Bravecto.South

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000486996

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. * 0847974866

E-mail * bradley.schmahl@outlook.com

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

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

Title * MR Initials * B Surname * Shmahl

Street 262 Silene Drive City

Suburb Area Code MOSSELBAY GOLF ESTATE

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 * 08 - 09 - 2024

Date of Implant * 27 - 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 ODIN

Species * CANINE

Colour BLACK

Gender (Male) Female

Date of birth 2024

Breed * GSD X

Markings

Sterilised (Yes) No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

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

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

1. On-line — Log onto www.backhome.co.za. Complete the registration process.
2. By fax — Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
3. By e-mail — Scan and E-mail the completed form to [illegible]