

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract Already done
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 992003000486997

ADMISSION NO:

MBY 3560

CONTRACT NO:

MA00016T

Adoptee INFO:

Name & Surname S.J. Malherbe

Contact INFO: 0833976599

Completed by: [Signature]

Date: 23/08/2023

Manager: [Signature] See Note @ back

Date: 23/08/2023

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.

Instruction received from Mariaan Wentzel.

Investigation against ODIN pending

and approved by Cheri Cooke.

23/08/2024.



Date of inspection	Date of inspection



ADMISSION NO

MB13560.

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALSPASSED: ☒ YES / ☐ NODATE UNDERTAKEN: 2/7/2024 TIME: 10:00NAME OF APPLICANT: Mrs. S.J. MalherbeADDRESS: 47 Tienie Botha Straat, HeideveldHOME TEL No: _____ CELL No: 08 33976599ANIMAL(S) ADOPTING: CollieSEX: Female AGE: 4 years**PRE- HOME INSPECTION:**

PROPERTY DESCRIPTION			
Type and height of fence: <u>Wattle Fencing</u>	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?	<u>Walls</u>
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?	<u>2</u>

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	<u>X Pomeranian</u>				
CONDITION	<u>Good</u>				
WELFARE (good?)	<u>Good</u>				
SEX & AGE	<u>F / 6 YRS</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

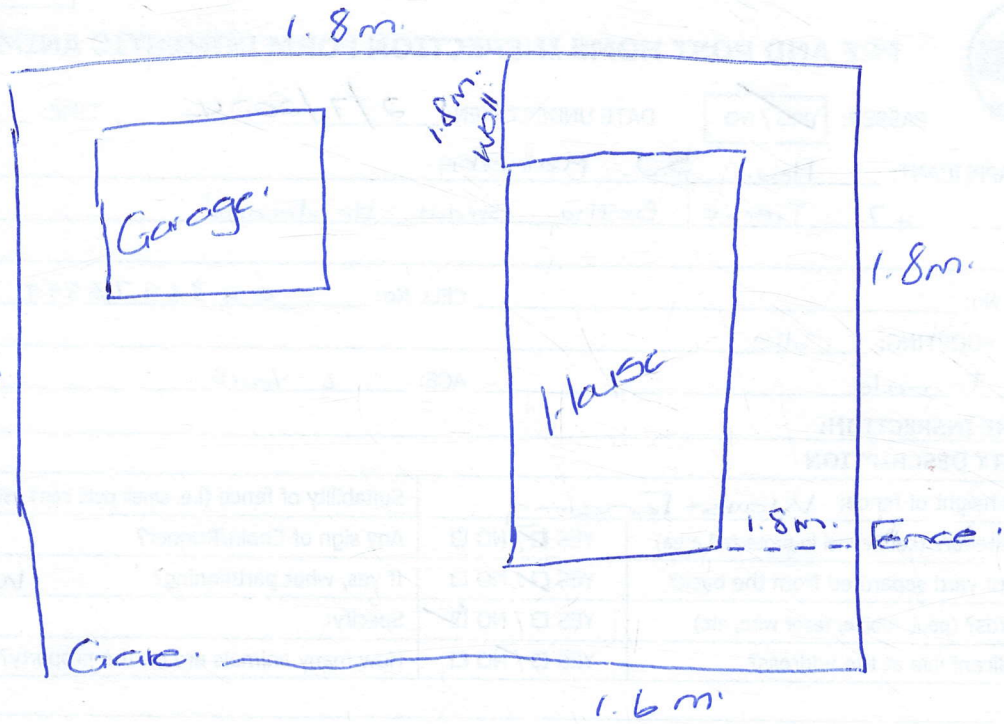
PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☐ CATS
 ☐ SMALL DOGS
☒ MEDIUM DOGS
 ☐ LARGE DOGS

INSPECTED BY: M. Wentzel SPCA: Mosselbay SIGNATURE: M. Wentzel**POST HOME INSPECTIONS**

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



POST HOME INSPECTIONS	
DATE	RESULT

Inspected by: *Mr. [illegible]* Date: *17/05/2017* Status: *Completed*

Property: *[illegible]*

Notes: *[illegible]*

Other information / comments: *[illegible]*

STANDARD	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
1. Structure					
2. Foundation					
3. Walls					
4. Floor					
5. Roof					
6. Services					
7. Garden					
8. Other					

Inspector: *[illegible]* Approved for the following animals: ☐ Cats ☒ Medium dogs ☐ Large dogs

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded.



Garden Route

KENNEL No. <u>K15</u>				ADMISSION No. <u>MBY3560</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>29/07/24</u>		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	Yes No	Lost & Found Date checked	<u>29/07/24</u>
Microchip/Collar or ID tag found	Yes No	Date scanned or checked	<u>29/07/24</u>	Microchip or ID Tag number	<u>None</u>	

DESCRIPTION & HISTORY	<u>Dog</u>	Cat	Other species (Specify) <u>B.I.I.</u>			
	Breed	<u>X Breed</u>	Colour and Markings		<u>Black & White</u>	
	Condition	<u>Fair</u>	Sex	<u>♀</u>	Age	<u>± 4 years</u>
	Temperament	<u>Aggro</u>	Sterilisation details	<u>Yes</u>	Name	<u>Mila</u>
	Coat <u>S</u>	Tail <u>L</u>	Teeth Condition	<u>Fair</u>	Ears	<u>hang</u>
	Area found / collected from				Size <u>M</u>	
	Date				<u>29/07/24</u>	
	Reason for surrender <u>Aggro dog, adopted @ ODIN.</u>					

ASSESSMENT			Surrendered by			Name			<u>Susan Malherbe</u>
GOOD WITH:			Found by			Residential Address			<u>47 Tienie Botha st Heidelberg</u>
Children	Yes	No				Postal Address			<u>No postal</u>
Cats		<u>X</u>				Tel (H)			<u>None</u>
Other Dogs		<u>X</u>				Tel (W)			<u>None</u>
Livestock/Other		<u>X</u>				Cell			<u>083 3976 599</u>
DO THEY:	Yes	No				Email			<u>susmalherbe8@gmail.com</u>
Jump Fences		<u>X</u>				Donation R			<u>None</u>
Run Away		<u>X</u>				Cash	Card	EFT	(Receipt No.) <u>None</u>
COMMENTS:									

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

Signature Susan Malherbe Witness for Society Le Grap

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

CONDITIONS / VOORWAARDES

- | | |
|---|--|
| <p>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.</p> <p>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.</p> <p>3. Any charges endorsed hereon are due and payable on request.</p> <p>4. The Society will not home any animal unsterilised.</p> | <p>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 te bewerkstellig.</p> <p>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.</p> <p>3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.</p> <p>4. Die Vereniging sal geen dier plaas wat ongesteryliseer is nie.</p> |
|---|--|

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
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992003000486997

MEDICAL RECORD

Date	Remarks	Treatment	Cost
Owner says	dog has bitten her grandchild, as well as her other dogs on property. Can not control dog.		

Manan - Pre Home.
 → When Adopt.
 → Why Aggressive.
 → Why Bring to SPCA.
 → Adoption Centre

PTS APPROVAL -

NAME	SIGN

ADMISSION No. TOELATINGSNR.

UITPLASINGSKONTRAK



Garden Route

DOG / CAT	Breed	Male/Female
Microchip and or ID Tag		
992003000486997		

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

- I do hereby confirm and undertake that:
- I am over eighteen (18) years of age.
- All family members agree to the adoption and will abide by the conditions in the contract.
- I will not part with possession of the animal except to return it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
- I will give the animal a fair chance to adjust to its new home.
- I understand that donations are not refundable or transferable.
- I will feed and house the animal to the Society's satisfaction.
- I will not chain or cage the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
- I can afford the services of a private veterinary practitioner.
- I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
- I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
- I will ensure that the animal is sterilised as stipulated by the Society.
- I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only elasticated or quick release collars may be used for cats.
- My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
- I will notify the Society within forty-eight (48) hours should the animal die or go missing.
- I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
- I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
- I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
- I will notify the Society of any change of address in writing by registered post with seven (7) days.

* I agree to never harm, neglect, abuse or abandon the animal that I adopt.

* I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

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

HOME ADDRESS
WOONADRES: 47 Tienie Botha str.
Heiderand

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

CELL No:
SELFOON Nr: 0833976599

E-MAIL:
E-POS: susanmalhebe81@gmail.com

ADOPTION FEE:
AANEMINGSVOOL: cash / eft / card
kontant / eft / kaart

VEHICLE REG No.
VOERTUIG REG Nr: CBS 83255

SIGNATURE
HANDTEKENING: Malhebe

DATE / DATUM: 23/08/2024



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.

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

* Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.

* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wredeheid of verwaarloos van enige dier nie.

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

ID/PASSPORT No.:
ID/PASPOORT Nr.: 6711200221089

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: R300.00

KWITANSIE Nr
RECEIPT No.

VEHICLE MAKE:
VOERTUIG MAK: VW polo

COLOUR:
KLEUR: wit

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING

DRIVING LICENCE
BESTUURS LISENSIE

CARTA DE CONDUCAO

SJ MALHERBE

ID No.: 02/6711200221089

Birth/Geboorte:

20/11/1967 ZA Restr./Beperk: II

Lic. No./Lisensienr.:

60150001DJF4 No.: 1

Valid/Geldig:

01/05/2021 - 30/04/2026

Issued/Uitgereik:

ZA

Code/Kode:

EE

Verb./Restr./Voertuigbeperking:

0

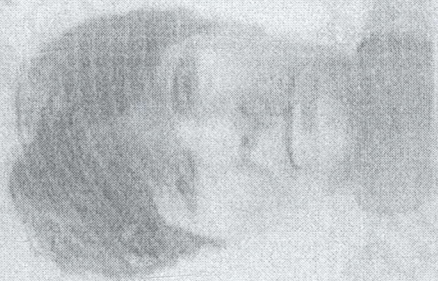
First Issue/Eerste uitreiking:

22/12/2000

SAGC

ZA

SOUTH AFRICA



Lease

(for Residential Accommodation)

Memorandum of Agreement

THIS MEMORANDUM OF AGREEMENT is made and entered into by and between the LESSOR, whose details are as follows: (State full names and identity number, or in the case of a juristic person, the name of the juristic person as well as the name of the person or agent on behalf of the juristic person and the registration number thereof)

JEROMY BALES SMITH

I.D. No 4806075170080

CEL 0827716583 (Jeromy)

0845737747 (Veronica)

Address of the LESSOR: (State physical and postal address as well as telephone and cell numbers)

EMOYENI 23 KLAHEWEL WEG

HAALWYNDAL

HARTENBOS 6520

AND

the LESSEE whose details are as follows: (State full names and identity number, or in the case of a juristic person, the name of the juristic person as well as the name of the person or agent acting on behalf of the juristic person and the registration number thereof)

[Signature] 671120 0221 089

Address of the LESSEE: (State physical and postal address as well as telephone and cell numbers)

47 Tienie Botha
Susan (Cel 083 3976 599) (Gideon 083 974 0050)

1. The LESSOR lets to the LESSEE who hires the following property (hereafter referred to as "the property") (state the physical address of the property)

47 TIENIE BOTHA ST

HEIDERAND

MOSSIEL BAY 6500

6 007175 046790

HORTORS
BY THE REGISTRAR

Printed
by
Blyden

I WAS VACCINATED ON

[illegible]

Carine
X-breed
Black/white
♀

NEXT VACCINATION DUE

DATE	DATE	DATE
19 2025		

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



RABIES MOVEMENT PERMIT



Quantel
DEWORMER FOR DOGS AND CATS

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!

Exitel Plus Exitel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS

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

human med-animal health 00 72 ZA NOV 24 1988

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.

114
F
151
10

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

WELFARE

DATA

DOCTOR'S NAME _____

PRACTICE STAMP



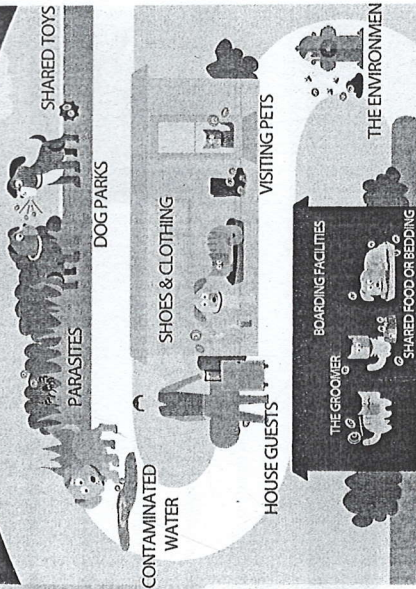
Animal Health

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

human med-animal health 7A NOV 24 1988

VACCINE RECORD CARD

(accination protects your pet against
DANGEROUS GERMS
that can be everywhere.



PET'S NAME _____

MAY VIET

2

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761

theatrem@qrspca.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

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIP



992003000486997

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. * 0833976599

E-mail * susanmalherbe81@gmail.com

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

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

Title * MIS

Initials * SJ

Surname * MALHERBE

Street 47 TIENIE BOTHA

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 * 29 - 08 - 2024

Date of Implant * 23 - 08 - 2024

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

Name of Vet who implanted the Chip NDYEBU NGQELE

PET DETAILS

Pet Name MILA

Date of birth 2020

Species * CANINE

Breed * COLLIE

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

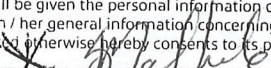
Medical Conditions

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

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: info@backhome.co.za

Id Nom Susan Malherbe
Cel Nom 671120 0221 089
47 Tienie 083 3976 5991
Botma Straat Heiderland

- 1 Ons het Mila 2020 aangeneem
 - 2 Het Raco Dancise gegee
 - 3 Daar was geen kontrak of voorwaardes
 - 4 Ons het self betaal vir sterilisase en inenting
 - 5 Geen microchip
 - 6 Sys by Vital Vet ge steriliseer en inenting gekry
 - 7 Syt perangeluk uit gekom en oom oom
brekspop dood gekry
 - 8 Het erg geskrik en Colin gekontak en
hulle net gesê ons moet haar self deer
bring George toe
 - 9 Ons het nie geld vir petrol nie, toe besluit
ek om SPCA te skakel onder erge stres
 - 10 Het onder erge stres besluit om Mila SPCA
toe te vat
- Het toe maar besluit om Mila terug te kry
by SPCA Inkomste net genoeg om te oortee
maar bitter graag ons wou terug hê.
- Pla/hale



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): Mrs SJ Malherbe

HOME ADDRESS: 47 Tienie Botha street Heiderand

ID NO.: 6711200221089

POSTAL ADDRESS: 47 Tienie Botha street Heiderand

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

CELL NO: 0833976599 FAX NO: _____

E-MAIL: susanmalherbe81@gmail.com

Address where animal will be kept: 47 Tienie Botha street Heiderand

Reason for wanting an animal: _____

Occupation: _____

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

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

Reason for wanting an animal: Animal lover

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? Vatel Vet

How many animals live on your property DOGS 1 CATS 1 OTHER _____

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned over the past 3 years? DOGS 2 CATS 0 OTHER 1

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

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

Full description of the fencing and gate: Yes Height: 2 mtrs

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER indoor

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.: _____

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

SJ Malherbe

Date of application 5.08.2024