ADOPTION CHECKLIST

ADMISSION NO: MBY 3387

CONTRACT NO: MA0005T

- [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 Came in already done.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486720

Adoptee INFO:

Name & Surname Dave Steward

Contact INFO: 0832852714.

Completed by: [signature] Date: 08/08/2024

Manager: [signature] Date: 08/08/2024

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

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

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

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
7-8-24	Trivocid		

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

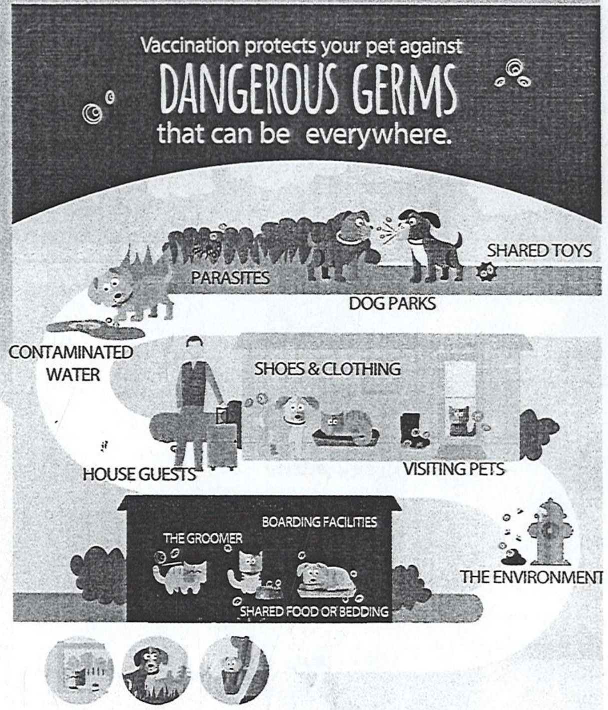
DOCTOR'S NAME

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
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CAR



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

MY OWNER

NAME: Dave Steward.

POSTAL ADDRESS:

STREET ADDRESS: 21 DERUST LAAN

FRAAI UITSIG, LITTLE BRAK

HOME PHONE:

WORK PHONE:

CELLPHONE: 0832852714.

BREEDER DETAILS:

ME

SPECIES: Canine

BREED: Spaniel

COLOUR: Golden

SEX: Male

DATE OF BIRTH:

MICROCHIP/TATT: 992003000486720

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
Aug 25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
7-5-24 16.6kg	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F48438 Ut. av./Exp.: 27/04-2026 (Ser.: 02121A78E Exp.: 29OCT25 PEEL HERE NOBIVAC 1 DAPPV)	
	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 SIGNATU
	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 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) ar Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL /CAGE #	K14	DATE	
CARD #	T0680	BREED	SPANIEL
COLOUR	BROWN	STRAY/SURRENDER	SAFE KEEPING
ANIMAL NAME	SAM	MALE/FEMALE	MALE
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	

GENERAL HEALTH CHECK

EARS	~~NAD~~		
EYES	~~NAD~~		
TEETH	NAD	Bad ?	
NOSE	~~NAD~~		
LUNGS	~~NAD~~		
HEART	~~NAD~~		
ABDOMEN	~~NAD~~		
HIP	~~NAD~~		
SKIN&COAT	~~NAD~~	?	
FIT FOR ADOPTION	YES	(NO) ?	Nothy wears with teeth, only slight fat build up. Can definitely go up for adoption 30/07/2024
COMMENTS:			

→ Bad dental..

Sam

Contract: MA000ST.

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): DAVE STEWARD.

HOME ADDRESS: 21. DERUST LAAN FRAAI UITSIG LITTLE BRAK RIVER. ID NO.: 4209255072186

POSTAL ADDRESS: _____

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

CELL NO: 0832852714. FAX NO: _____

E-MAIL: STEWARD@MWEB.CO.ZA

Address where animal will be kept: 21. DERUST. LAAN. FRAAI UITSIG

Reason for wanting an animal: _____

Occupation: RETIRED.

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: _____

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? CROFT.

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

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

Are all your animals sterilised? Give details _____

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

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

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 1.2M. Height: _____

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER HOME

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.: ~~FEE~~ 3595.

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 D P Steward **Date of application** 5/8/24.

DBV SPCA

ADOPTION No MA0005T ADMISSION No MBY 3387

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO DATE UNDERTAKEN: 06/08/2024 TIME: 16:30

NAME OF APPLICANT: Dave Steward

ADDRESS: 21 DeRust laan, Fraai uitsig, Kleinbrak

HOME TEL No: _____ CELL No: 0832852714

ANIMAL(S) ADOPTING: A Dog - Spaniel.

SEX: Male AGE: 5/6 yrs

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Brick		Height of fence: 2m	
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?	

DESCRIPTION OF ANIMALS ON PROPERTY NONE					
	1	**2**	**3**	**4**	**5**
BREED					
SEX					
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
DOG WILL BE SO HAPPY HERE

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: MENITA HAUEIAAR **SPCA:** INSPECTOR CONTROLLER **SIGNATURE:** MHa

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

New inclusion July 2013

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No.	Safe Keep K14				ADMISSION No.	T 0680
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	4-7-24	none	Time In	11:37	Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked		Yes	Lost & Found Date checked	
		No		
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	none	Microchip or ID Tag number: none

DESCRIPTION & HISTORY

Dog X	Cat	Other species (Specify) 4 Km	
Breed: Spaniel		Colour and Markings: Brown	
Condition: good		Sex: M	Age: +6 yrs
Temperament: friendly		Sterilisation Details	Name: SAM
Coat: long	Tail: long / Teeth Condition: good	Ears: down	Size: med
Area found / collected from: Heidelrand			Date
Reason for surrender: Safe Keep			

ASSESSMENT

GOOD WITH:	YES	NO
Children	✓	
Cats	✓	
Other dogs	✓	
Livestock / Other	✓	
DO THEY:		
Jump Fences		✓
Run Away		✓

COMMENTS:

Surrendered by / Found by	X	Name: Sarel du Plessis			
Residential Address	Koperboom Heidelrand				
Postal Address					
Tel (H): none	Tel (W):	Cell: 0828083985			
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: Luana

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 uitdruklik ooreengekom dat nog die DBV nog sy amtenare, 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 endeavout 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 (Animanls Protection Act) an animal presented for admission is so diseased, severely injured or in such phusical 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 die dien verstande dat die Vereeniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig

2. 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 Vereeniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes

3. Enige koste hierop onderskryg 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 Eutanasia			

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:

Email 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	99 2003000486720
		No		

Date 07/08/2024

MEDICAL RECORD

Date	Remarks	Treatment	Cost
9/07/2024	General condition good.	Shaved.	[illegible]
	Shaved hair clumps, & claws		
	Teeth good. - tartar at back		
11/07/24	Vet Checked - Bad dental.		

PTS APPROVAL

NAME	SIGN

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

KENNEL No.	K14	4 & 35		ADMISSION No.	MBY3387	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	29/7/24		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked		Yes / No	Lost & Found Date checked	
Microchip/Collar or ID tag found	X	Yes / No	Date scanned or checked	29/7/24	Microchip or ID Tag number	NIL	

DESCRIPTION & HISTORY						
Dog ✓	Cat	Other species (Specify)				
Breed	Spaniel		Colour and Markings	Red		
Condition	Good		Sex	M	Age	
Temperament	Good		Sterilisation details	Yes	Name	SAM
Coat Shaved	Tail Long	Teeth Condition	Ears	Down	Size	Med
Area found / collected from	M. Bay				Date	29/7/24
Reason for surrender	owner admitted into a institution.					

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

Surrendered by	X	Name	Sak Pleesies		
Found by					
Residential Address	54 Kolmboom Str				
Heidelberg M. Bay					
Postal Address					
Tel (H)	Tel (W)	Cell	082 805 3785		
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 **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.**

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Signature		Witness for Society	

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

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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	

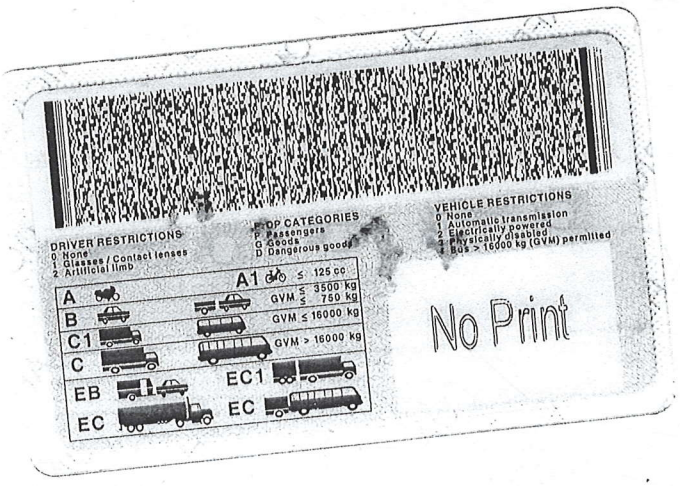
992003000486720

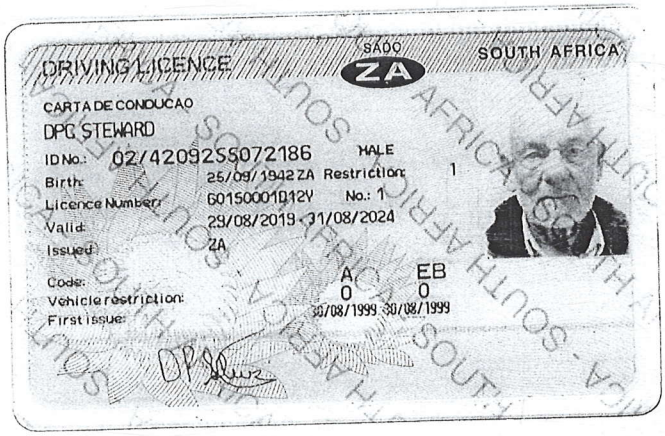
07/08/2024.

MEDICAL RECORD

Date	Remarks	Treatment	Cost

PTS APPROVAL	
NAME	SIGN


DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb
PrDP CATEGORIES
P Passengers
G 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



SADC ZA SOUTH AFRICA

DRIVING LICENCE

CARTA DE CONDUCAO

DPG STEWARD

ID No.: 02/4209255072186 MALE

Birth: 25/09/1942 ZA Restriction: 1

Licence Number: 60150001012V No.: 1

Valid: 29/08/2019 - 31/08/2024

Issued: ZA

Code:	A	EB
Vehicle restriction:	0	0
First issue:	30/08/1999	30/08/1999

DPS

Mossel Bay

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	28-001285-002-6
DATE OF ACCOUNT:	24/04/2024
LAST RECEIPT DATE:	23/04/2024
PREPAID METER NUMBER:	07151773905

Name:
STEWARD DPG & J
Street Address:
21 DE RUSTLAAN FRAAIUITSIG
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
1110.00	1285000	1725000	4

DATE		DETAILS	READING DATE: 13/03/24			AMOUNT
		B/F BALANCE				1484.27
15/04/2024	ACB3265276	RECEIPTS				290.32 -
15/04/2024	ACB3265274	RECEIPTS				484.66 -
15/04/2024	ACB3265277	RECEIPTS				434.40 -
15/04/2024	ACB3265275	RECEIPTS				274.89 -
22/04/2024	0715177390	ELECTRICITY 04/03/2024-14/04/2024				434.40 *
		BASIC			377.74	
		VAT/BTW			56.66	
22/04/2024	COUF413	WATER 14/02/2024-13/03/2024				273.43 *
		2559 - 2566 (7 Kl 28 Days)				
		BASIC			224.17	
		07/23	5.52 @	0.000 =	0.00	
		.	1.48 @	9.186 =	13.60	
		VAT/BTW			35.66	
22/04/2024	300004	REFUSE				274.89 *
22/04/2024		RATES INSTALLMENT				484.66
		Balance Carried Forward				0.38 -
		VAT ON '*' ITEMS: 128.17	ACB TOT:		1484.27-	

UNPOSTED DEBIT ORDERS 1467.38

CREDIT	60 DAYS	30 DAYS	CURRENT	
0.00	0.00	0.00	1467.38	1467.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	15/05/2024	1467.00

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Standard Bank

PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY

Ref. No.: 280012850026

EasyPay >>>>>9152628001285002 65

11379 280012850026

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

Vou en skeur af.

Mossel Bay
MUNICIPALITY

STEWARD DPG & J
PO BOX 1059
LITTLE BRAK RIVER
6503

280012850026

Fold and tear on perforation

Contract: MA000ST

ADMISSION No.
TOELATINGSNR. MBY 3387

ADOPTION CONTRACT

DBV SPCA Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and or ID Tag	Number 992003000486720		

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): Dave Steward

HOME ADDRESS
WOONADRES: 21 DE RUST LAAN, FRAAIUITSIG LITTLE BRAK

ID/PASSPORT No.:
ID/PASPOORT Nr.: 4209255072186

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

(B):
(W):

CELL No:
SELFOON Nr: 0832852714

FAX No:
FAKS Nr:

E-MAIL:
E-POS. steward@mweb.co.za

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 4501

VEHICLE REG No.
VOERTUIG REG Nr. CBS 3558

VEHICLE MAKE:
VOERTUIG MAAK: VW

COLOUR:
KLEUR: BROWN

SIGNATURE
HANDTEKENING: DPS

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 8/8/24

MICROCHIPPED ANIMAL REGISTRATION FORM

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000486720

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. * 0832852714

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

E-mail * steward@mweb.co.za

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

Title * MR Initials * D Surname * Steward

Street 21 DE RUST LAAN City

Suburb FRAAI UITSIG Area Code LITTLE BRAK

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 * 07 - 08 - 2024

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip MARY ANN CHORDNUM

PET DETAILS

Pet Name SAM Date of birth 2018

Species * DOG Breed * SPANIEL

Colour 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 concerning 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