ADOPTION CHECKLIST

ADMISSION NO: MBY3422

CONTRACT NO: MA00020T

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [x] Proof of Residence
- [x] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 03/09/24 Dr S. Muller
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486991

Adoptee INFO:

Name & Surname Sally Osborne

Contact INFO: 072 44 44 083

Completed by: _____ Date: 05/09/2024

Manager: _____ Date: 05/09/2024

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. K 40				ADMISSION No. MBY3422 (LOADED)		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	15/03/24		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	15/03/24	Microchip or ID Tag number	none.

DESCRIPTION & HISTORY					
Dog ✓	Cat	Other species (Specify)	Rm24.		
Breed	Collie		Colour and Markings	Black & white	
Condition	Good.		Sex ♀	Age	Adult
Temperament	Friendly		Sterilisation details	No.	Name
Coat long.	Tail long	Teeth Condition Good	Ears 50/50.	Size	M.
Area found / collected from	Sonstryn.			Date	15/03/24
Reason for surrender	Can't keep.				

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	WILLEM NGENA	
Residential Address	5 Poorjies Sonstryn			
Postal Address				
Tel (H)	Tel (W)	Cell		
Email				
Donation R	Cash	Card	EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: n/a Case No: n/a Inspector: Thomas

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 992003000486991 Date 04/09/2024

MEDICAL RECORD

Date	Remarks	Treatment	Cost
16/8/2024	Triworm + rabies		
	Nxt - Aug 2025		

PTS APPROVAL	
NAME	SIGN

GARDEN ROUTE SPCA

ADOPTION VET CHECK - DR. DEMPSEY/DR SUZAAN

KENNEL	K25	DATE	16/08/24
CARD NR	MBY 3422	BREED	Collie
COLOUR	Black + White	STRAY/DONATED	Surrender
ANIMAL NAME	—	MALE/FEMALE	Female
ANIMAL BEEN VACC	NO	PROOF OF VACC?	—
STERILIZED	NO	AGE	Adult

GENERAL HEALTH

EARS	WAD
EYES	WAD
TEETH	WAD
NOSE	WAD
LUNGS	WAD
HEART	WAD
ABDOMEN	WAD
HIP	WAD
SKIN & COAT	WAD
FIT FOR ADOPTION	Yes
COMMENTS:	

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER 992003000486991

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. * 0724444083

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

E-mail * johnosborne40@gmail.com

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

Title * MRS Initials * S Surname * OSBORNE

Street 51 CEARN DRIVE City

Suburb LEISURE ISLE Area Code KNYSNA.

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 * 05 - 09 - 2024.

Date of Implant * 04 - 09 - 2024

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

Name of Vet who implanted the Chip WALLY WAGENAAR

PET DETAILS

Pet Name SUZIE. Date of birth 2022

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 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 f...

Fiela

MA000020 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): Sally OSBORNE

HOME ADDRESS: 51 CEARN Dr. Leisure Isle

Knysna. ID NO.: 5004130089086

POSTAL ADDRESS: _____

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

CELL NO: John 0724444083 FAX NO: _____

E-MAIL: johnosborne40@gmail.com

Address where animal will be kept: 51 CEARN Dr. Leisure Isle

Reason for wanting an animal: Animal lover

Occupation: Housewife

Do you own or rent your property: Own. 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? Dr. Pieter Jordaan.

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 6 CATS _____ OTHER _____

Which animals do you still have, and what happened to the others? Died 9 Old & age

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

Full description of the fencing and gate: White Wooden Fence Height: _____

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER Inside

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.: _____

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 Osborne **Date of application** 27/08/2024.

Section 4-12a

DBV SPCA

ADOPTION No

ADMISSIO

PRE AND POST HOME INSPECTION FORM

PASSED: (YES) / NO

DATE UNDERTAKEN: 29 AUGUST TIME: 12:30

NAME OF APPLICANT: Mr + Mrs Osborne

ADDRESS: 51 Ceam Drive, Leisure Isle

HOME TEL No: CELL No: 0724444083

ANIMAL(S) ADOPTING: Border Collie

SEX: F AGE: 2 yeers

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Picket		Height of fence: 1m	
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?	Gates.
Any hazards? (pool, rubble, razor wire, etc)	YES ☑ / NO ☐	Specify: Pool, no cover, but enclosed.	
Does applicant live at the address?	YES ☐ / NO ☐	How many animals are on the property?	0

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

OTHER INFORMATION / COMMENTS
The back area with pool can be shut off from rest of house. I raised concerns about the low fence, but they don't feel it will be an issue.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: BELINDA SPEED. SPCA: KAWS SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

MY OWNER

NAME	Sally Osborne
POSTAL ADDRESS	
STREET ADDRESS	51 Cearn Dr.
	Leisure Isle, Knysna
HOME PHONE	
WORK PHONE	
CELLPHONE	072 44 44 083
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	COLLIE
COLOUR	BLACK + WHITE
SEX	FEMALE
DATE OF BIRTH	± 2022
MICROCHIP/TATTOO	992003000486991
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
August 2025		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
16/08/24	Nobivac® 1DAPPV Batch: 02121A77E Exp: 22-OCT-2025 + Triworm + Rabies	AHT
	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 SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

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

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

MY OWNER

NAME	Sally Osborne
POSTAL ADDRESS	
STREET ADDRESS	51 Cearn Dr. Leisure Isle, Knysna
HOME PHONE	
WORK PHONE	
CELLPHONE	07244 44 083
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	COLLIE
COLOUR	BLACK + WHITE
SEX	FEMALE
DATE OF BIRTH	± 2022
MICROCHIP/TATTOO	992003000486991
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
August 2025		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
16/08/24	Nobivac DHPPi 02121A77E Exp 22-OCT-2025 + Triworm + Rabies	AHT
	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 SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

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

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ADMISSION No.
TOELATINGSNR. MBV 3422

ADOPTION CONTRACT

Garden Route

MA 00020T

DOG / CAT	Breed	Male/Female
Microchip an		

992003000486991

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

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 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): Sally Osborne

HOME ADDRESS
WOONADRES: 51 Cean Dr, Leisure Isle, Knysna

ID/PASSPORT No.:
ID/PASPOORT Nr.: 5004130089086

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

(B):
(W):

CELL No:
SELFOON Nr: 072 4444 083

FAX No:
FAKS Nr:

E-MAIL:
E-POS. johnosborne40@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE: R250.

KWITANSIE Nr
RECEIPT No. 4567

VEHICLE REG No.
VOERTUIG REG Nr. CX 46044

VEHICLE MAKE:
VOERTUIG MAAK: BMW X5

COLOUR:
KLEUR: WHITE.

SIGNATURE
HANDTEKENING: Osborne

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 05/09/24

P O Box 21 KNYSNA 6570
TEL 044 302 6300
FAX 044 302 6340
eMail knysna@knysna.gov.za
Web www.knysna.gov.za
VAT Reg No. 4360193876

Knysna
Munisipaliteit uMasipala Municipality

ACCOUNT NUMBER
1-01709-000-01-4

VALUATION	ERF PLOT AH	DEPOSIT	LAST RECEIPT	ACCOUNT DATE
11200000	101709000	913.00	31/07/24	31/07/24

AREA	STREET ADDRESS
659	51 CEARN DRIVE

VAT NO	WARD	SUBURB
	09	Leisure Isle

OSBORNE JE & S
PO BOX 1060
KNYSNA
KNYSNA
6570

TAX INVOICE 101709000014-07-24

DATE	REFERENCE	DETAIL				VAT	AMOUNT
		BALANCE BROUGHT FORWARD					7,535.33
15/07/24	z/139297B996	RECEIPTS					-7,535.33
31/07/24	CEHB0026	WTR RESIDENTIAL CONS (27/06/2024-25/07/2024)					270.23
		1922 - 1921 = 1 Kl 28 DAYS				35.24	
		0.86 Kl @	15.6600	=	13.47		
		0.13 Kl @	0.0000	=	0.00		
		0.01 Kl @	14.7800	=	0.15		
	TAR: 1600	BASIC:			= 221.37		
31/07/24	INSTALL	REFUSE BASIC CHARGE-INSTALMENT				22.29	170.68
31/07/24	INSTALL	RATES INSTALMENT					7,354.09

RATES NOTICE

DESCRIPTION	VALUATION	RATE	VAT	AMOUNT
SITE	11,200,000.00	0.007890		88,366.88
RATES REBATE	-15,000.00	0.007890		-118.35
R DENTIAL REFUSE BASIC CHRG			267.04	2,047.28

MONTHLY (NO VAT IS RAISED ON RATES)
1 X R 7,524.77 installment and 11X R 7,524.64 installments for a total of R 90,295.81

Paid Aug 14. 2024

TOTAL VAT: 57.53

ATTORNEY	AGREEMENTS	ARREARS	CURRENT	PAY ON OR BEFORE	AMOUNT DUE
0.00	0.00	0.00	7,795.00	31/08/2024	7,795.00

SnapScan

Zapper

masterpass

SPAR

Post Office

10170900014

POST OFFICE 0187 101709000014

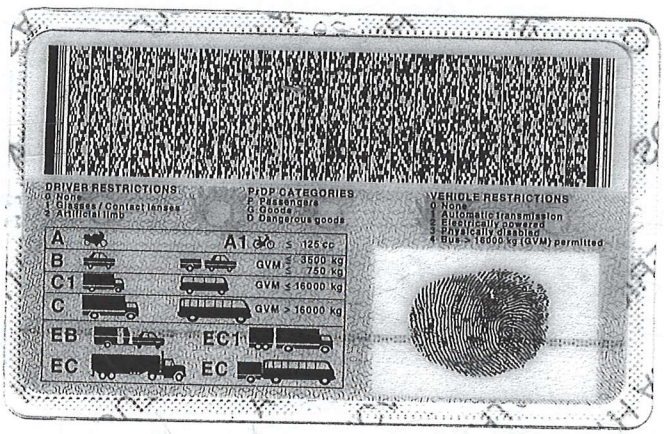
ELECTRONIC PAYMENTS CAN BE MADE TO THE FOLLOWING BANK ACCOUNT:
ACCOUNT/BANK NAME: KNYSNA MUNICIPALITY/ STANDARD BANK
BRANCH CODE: 050314
ACCOUNT NUMBER: 303265043
REFERENCE: 101709000014

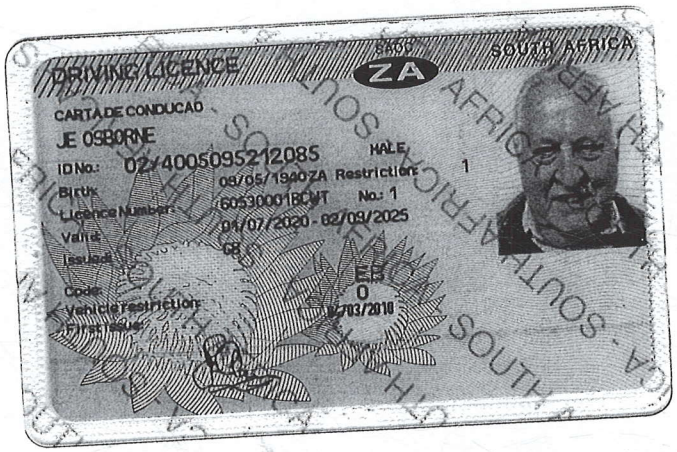
Standard Bank

DAYMAN 11346101709000014

>>>>>9159710170900001 49


DRIVING LICENCE
SADC
ZA
SOUTH AFRICA
CARTA DE CONDUCAO
S OSBORNE
ID No.: 02/5004/130089086
FEMALE
Birth: 13/04/1950 ZA
Restriction: 0
Licence Number: 60530001C158
No.: 1
Valid: 14/02/2023 - 28/03/2028
Issued: ZA
Code: EB
Vehicle restriction: 0
First issue: 04/07/2001


DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
3 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


DRIVING LICENCE
CARTA DE CONDUCAD
JE OSBORNE
ID No: 02Y4005095212085
Birth 08/05/1940 ZA
Licence Number: 60530001BCWT
Valid: 01/07/2020 - 02/09/2025
Issued: GB
Codes
Vehicle Restriction
SADC
ZA
SOUTH AFRICA
HALE
1
Restriction
No: 1
E B
0
02/03/2010