

Rheebok

ADOPTION CHECKLIST

ADMISSION NO:

MBY 2104

CONTRACT NO:

MBY 0090

- ☒ 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 Done 09/07/24
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

Adoptee INFO:

Name & Surname Francois Conradie

Contact INFO: 0827386804

Completed by: Kay levers

Date: 08/03/24

Manager: (Signature)

Date: 08/03/24

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.

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIP NUMBER



992003000418786

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 082 7386 304

E-mail * francois.conradie@gmail.com

Title * MR Initials * F

Street 83 OLKERS WEG

Suburb REEBOK

Country

Phone - Day time 0827386804

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.

Surname * CONRADIE

City

Area Code REEBOK

Province

Phone - Night time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

CHIP DETAILS

Registration Date * 13-03-2024

Date of Implant * 07-03-2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip Ndyebo Ngale

PET DETAILS

Pet Name

Species * DOG

Colour CREAM + BLACK

Gender Male ☒ Female

Date of birth 2024

Breed * X BLOOD

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 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 _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE *[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

9 July 2024

08:30 - 09:00 am



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0090DATE: 08/03/24between Mosselbay SPCA SPCA

and

Name Francois ConradieAddress 83 Olkersweg, BechofTelephone Numbers (H) 082 738 6304 (B)

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

Animal's Name Shiras Sex Female Age 2 monthsDescription X Bred - FawnOn (due date) July 24 Adoption Form No. MBY 0090on the understanding that you will arrange to have this done at the Mosselbay SPCA Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society reserves the right to **confiscate** the animal and **NO MONEY WILL BE REFUNDED**. The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: [Signature] For SPCA: [Signature]

CONFIRMATION OF STERILISATION:

Vet: Dr AS [Signature] Signed: [Signature]
Date: 09/07/2024

NAME	F.D. CONRADIE
POSTAL ADDRESS	
STREET ADDRESS	83 OLKEPSWEG
REGSOL	
HOME PHONE	
WORK PHONE	
CELLPHONE	082 738 6804
BREEDER DETAILS	
ME	
SPECIES	Canine
BREED	X-breed
COLOR	Grey + Black
SEX	♀
DATE OF BIRTH	
MICROCHIP	992003000418786
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
23/3/24		
20.4.24		
23/5/24		
May 2025		



Animal Health

Nobivac



Animal Health

Animal Health

Animal Health

Animal Health

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
23/2/24	02157829 21 FEB 2025 RABISIN R each	N-N
23/3/24	02157829 21 FEB 2025 RABISIN R each	N-N
23/4/24	02157829 21 FEB 2025 RABISIN R each	N-N
23/5/24	02157829 21 FEB 2025 RABISIN R each	N-N
11/6/24	02157829 21 FEB 2025 RABISIN R each	N-N

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	

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's up to you to keep my vaccinations up to date as advised by my vet.

Nobivac[®] DHPPi (Reg. No. G2277 Act 36/1947), Nobivac[®] KC (Reg. No. G2804 Act 36/1947), Nobivac[®] Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac[®] Feline-HCP (Reg. No. G3880 Act 36/1947), Nobivac[®] Triat 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 (isoginoline) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet, Exitel Plus XL (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Fenbendazole 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 Fenbendazole 525 mg, Bravecto[®] (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fipronil per 1g body weight.

Exitel Plus

Exitel Plus XL

ECTO

ECTO



STERILISATION CONTRACT

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CONTRACT No. MBY 0090

DATE: 08/03/24

between Mosselbay SPCA SPCA

and

Name Francois Conradie

Address 83 Olkersweg, Reebot

Telephone Numbers (H) 082 738 6304 (B)

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

Animal's Name _____ Sex Female Age 2 months

Description X Breed

On (due date) _____ Adoption Form No. MBY 0090

on the understanding that you will arrange to have this done at the Mosselbay SPCA Veterinary Hospital.

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5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: [Signature] For SPCA: [Signature]

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____



Mossel Bay
MUNICIPALITY

MOSSSEL BAY MUNICIPALITY
MOSSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSSELBAYI

REKENINGNUMMER: 23-000558-008-1

DATUM VAN REKENING: 22/02/2024

LAASTE KWITANSIE DATUM: 21/02/2024

VOORAFBETAALEDE
METERNUMMER: 01075957975

Naam: CONRADIE FD
Liggingadres: 83 OLCKERSWEG REEBOK
BELASTING FAKTUUR MAANDELIJKE REKENING

DENSTIGE DEPOSITO: 2048.00
ERF NUMMER: 558000
TOTALE WERKSTADSE: 2450000
WYK No: 5

DATUM: 20/02/2024
BESONDERHEDE: LESINGDATUM: 16/01/24
BEDRAG

20/02/2024	0107595797ELEKTRISITEIT 26/12/2023-14/01/2024	2010.90
	BASIES	325.79 *
20/02/2024	0107595797ELEKTRISITEIT 02/04/2023-03/04/2023	325.79 *
	BASIES	283.30
20/02/2024	CARK685	345.36 *
	WATER 13/12/2023-16/01/2024	224.17
	975 - 990 (15 K1 34 Dae)	0.00
	BASIES	76.15
	07/23	45.04
	6.71 @	0.00
	8.29 @	9.186
20/02/2024	300005	274.89 *
20/02/2024	301005	137.44 *
20/02/2024	VAT/BTW	704.28
	VULLIS	2200.00 -
	BELASTING PAILEMENT	0.45 -
	KWITANSIES	
	Balans Oorgedra	
	BTW OP 'S' ITEMS: 183.79	ACE TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	1924.45	1924.00

BETALINGS MOET OP OF VOOR DIE VERVALDATUM GEMAAK WORD	BETAALBAAR OP 15/03/2024	BEDRAG BETAALBAAR 1924.00
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Bladsy 1 van 1

VAT No. / BTW Nr. 4830118370

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

Payment Details / Betalings Besonderhede



PREDEFINED BENEFICIARY,
MOSSSEL BAY MUNICIPALITY
Venws. Nr.: 230005580081



>>>>>915262300055800812



11379 230005580081



Message / Boodskap

Standard Bank is now the Primary banker for the
MOSSSEL BAY MUNICIPALITY.
Municipal customers, service providers, members
of the public and various stakeholders are therefore
informed of the new banking partner for the
MOSSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined
beneficiary on the Bank Directory.



5630107d



Mossel Bay
MUNICIPALITY

CONRADIE FD
OLCKERSWEG 83
POSTE RESTANTE
MOSSSELBAAI
6506



230005580081

Fold and tear on perforation.

x Breed
K37

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application
The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): MNR FRANCOIS CONRADIE

HOME ADDRESS: 83 OLCKERS WEG REEBOK

ID NO.: 7002245050082

POSTAL ADDRESS: /

TEL NO (H): / (B): /

CELL NO: 0827386804 FAX NO: /

EMAIL: FRANCOIS.CONRADIE567@GMAIL.COM

Address where animal will be kept: 83 OLCKERS WEG REEBOK

Occupation: RETIRED

Do you own or rent your property: OWN Do you have consent from owner / Body Corporate? / YES/NO

Are you a student with consent to keep pets: /

Reason for wanting animal: ANIMAL LOVER YES/NO

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? X-BREED

Can you afford private fees? YES Who is your vet? /

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

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

Are all your animals sterilised? Give details /

How many dogs and cats have you owned in the last 3 years? DOGS? 0 CATS? 0 OTHER? 0

Which animals do you still have, and what happened to the others? 0

Is your property fenced and has a proper gate? YES Will you chain/ an animal? NO

Full description of the fencing and gate: WIRE CRETE + DEVIL FORKS Height: 1.7 MTR

What shelter is provided: OUTDOORS DOG HOUSE KENNEL / OTHER /

Have you previously had pets from an SPCA? YES Are there children under 10 in your household? 1

Pre Home Inspection Fee: / 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 Abenache Date of application 07/03/24



ADOPTION No

MBY 0090

ADVISORY

MBY 2104

PRE AND POST HOME INSPECTION FORM

PASSED: ☒ YES / NO

DATE UNDERTAKEN: 7-3-24

TIME: 14:00

NAME OF APPLICANT: Francois Conradie

ADDRESS: 83 Olkersweg, Reebok

HOME TEL No:

CELL No: 0827386804

ANIMAL(S) ADOPTING: Dog

SEX: Female

AGE: 12 months

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION

Type of fence: Wall	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? none
Any hazards? (pool, rubble, razor wire, etc) YES ☐ / NO ☒	Specify: none
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					
SEX					
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Great Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Luciano Bmg

SPCA: moose/bay

SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

07/03/21

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded



Garden Route

KENNEL No. <u>K 28</u>		ADMISSION No. <u>MBY2104</u>	
Stray	<u>Surrender</u>	Abandoned	Returned
Date in <u>08/02/24</u>	Time in	Date for release	Request for euthanasia

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>08/02/24</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>08/02/24</u>	Microchip or ID Tag number	<u>None</u>

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify) <u>B/I</u>		
	Breed	<u>x Breed</u>	Colour and Markings	<u>Grey & Black</u>	
	Condition	<u>Fair</u>	Sex	<u>♀</u>	Age <u>± 2 month</u>
	Temperament	<u>Fair</u>	Sterilisation details	<u>No</u>	Name
	Coat <u>S</u>	Tail <u>L</u>	Teeth Condition <u>Fair</u>	Ears <u>hang</u>	Size <u>S</u>
	Area found / collected from <u>East 8</u>				Date <u>08/02/24</u>
	Reason for surrender <u>To many dogs</u>				

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

Surrendered by	Name	<u>Guido Jacobson</u>
Found by	Residential Address	<u>118 Rijksweg</u>
		<u>East 8</u>
Postal Address		<u>No Postal</u>
Tel (H) <u>None</u>	Tel (W) <u>None</u>	Cell <u>273575663</u>
Email	<u>No email</u>	
Donation R <u>None</u>	Cash	Card EFT (Receipt No.) <u>None</u>

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

STATEMENT OF SURRENDER

I do hereby certify that I DO / I DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray and I DO / I 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 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 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 <u>Guido Jacobson</u>	Witness for Society <u>H. S. Joseph</u>
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
Details of third Applicant	

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ On Date: _____

MY OWNER

NAME

POSTAL ADDRESS

PHONE ADDRESS

HOME PHONE

WORK PHONE

TELEPHONE

REEDER DETAILS

ME

BREED

COLOUR

EX

DATE OF BIRTH

ICR036HIP

992003000418786

ENTRIES/MARKS

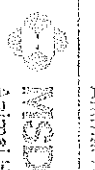
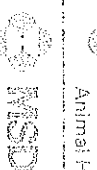
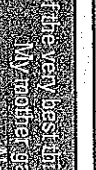
NEXT VACCINATION DUE

DATE

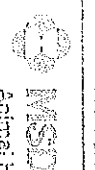
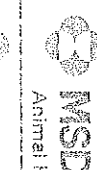
DATE

DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
23/12/24	 MSD Animal Health	N.N.
	 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	

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 Act 36/1947), Nobivac® KC (Reg. No. G2804 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), Nobivac® Tricat T10 (Reg. No. G3712 Act 36/1947), Nobivac® Rabies (Reg. No. G2207 Act 36/1947), Quantel® Tablets (Reg. No. G2717 Act 36/1947) Contains Pradiquantel (sodium) 50 mg tablet and Fenbendazole (benzimidazole) 500 mg tablet, Exhalt Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 150 mg, Exhalt Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 150 mg, Bravecto (Reg. No. G4053 Act 36/1947) each chew contains 25 mg Fluralaner per 1g body weight.

MSD

Animal Health



MY OWNER

NAME

F.B. CONRADIE

POSTAL ADDRESS

SHEET ADDRESS

HOME PHONE

83 OLCKERSWEG

WORK PHONE

CELLPHONE

082 734 6804

BREEDER DETAILS

ME

SPECIES

Canine

BREED

X-breed

COLOR

Grey + Black

SEX

♀

DATE OF BIRTH

MICROCHIP

992003000418786

FEATURES/MARKS

NEXT VACCINATION DUE

DATE

DATE

DATE

23/3/24

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

23/2/24

MSD
02377299
Pfizer Inc.
Animal Health

N.N

MSD
Animal Health

MSD
Animal Health

MSD
Animal Health

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Animal Health

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Animal Health

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Animal Health

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

MSD
Animal Health

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My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk.

Now it's up to you to keep my vaccinations up to date as advised by my vet.

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® Titerk Titro (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, Extel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 150 mg, Extel Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 525 mg, Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

