Rheebok

ADOPTION CHECKLIST

ADMISSION NO: MBY 2104

CONTRACT NO: MBY 0090

- [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 09/07/24
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000418786

Adoptee INFO:

Name & Surname: Francois Conradie

Contact INFO: 0827386804

Completed by: Kay Lewis 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.

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000418786

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. * 0827386804

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

E-mail * francois.conradie@gmail.com

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

Title * MR Initials * F Surname * CONRADIE

Street 83 OLKERS WEG City

Suburb REEBOK Area Code REEBOK

Country Province

Phone - Day time 0827386804 Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

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 Nsele

PET DETAILS

Pet Name Date of birth 2024

Species * DOG Breed * X BREED

Colour CREAM + BLACK Markings

Gender Male X Female Sterilised Yes X 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 X _____

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 - 09:00am

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0090 DATE: 08/03/24.

between Mosselbay SPCA SPCA

and

Name François Conradie

Address 83 Otterskweg, Reebok

Telephone Numbers (H) 0827386804 (B)

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

Animal's Name Shiva Sex Female Age 9 months

Description X Breed - Tan

On (due date) July 24 Adoption Form No. MBY 0090

on 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: F Conradie For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Dr AJ Nel Signed:

Date: 09/07/2024

NAME	F.D. CONRADIE
POSTAL ADDRESS	
STREET ADDRESS	83 OLCKERSWEG
REEBOK	
HOME PHONE	
WORK PHONE	
CELLPHONE	0827386804
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	X-breed
COLOUR	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	only rabies	
May 2025		

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
23/2/24	021317858 21 FEB25	M-N
22-3-24 4.45kg	For Animal Use Only VANGUARD® PLUS 5 Reg.No. G2238 (Act 36/1947) Namibia only: V97/24.1/325 NS2 U.S. Veterinary License No. 190 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus 1 Dose; 635607 25 JUN 24; RABISIN R 924507 Lot/Batch: Ut. az/Exp.: L493665 31/03-2024	m-A
23/4/24	For Animal Use Only VANGUARD® PLUS 5 Reg.No. G2238 (Act 36/1947) Namibia only: V97/24.1/325 NS2 U.S. Veterinary License No. 190 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine; 635607 25 JUN 24; Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Ut. az/Exp.:	M-M
23/5/24	E48017 28/01-2025	N-M
11/6/24	Nobivac® KC Batch/Lot: A140A01 Exp./Verval: 02-2025	N-N
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

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!

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0090 DATE: 08/03/24.

between Mosselbay SPCA SPCA

and

Name Francois Conradie

Address 83 Olkersweg, Reebok

Telephone Numbers (H) 0827386304 (B)

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

Animal's Name Sex Female Age 8 months

Description X Boerel

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.

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: F Conradie For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Signed:

Date:

Vou en skeur af.

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	23-000558-008-1
DATUM VAN REKENING:	22/02/2024
LAASTE KWITANSIE DATUM:	21/02/2024
VOORAFBETAALDE METERNOMMER:	01075957975

Naam:
CONRADIE FD
Liggingsadres:
83 OLCKERSWEG REEBOK
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
2048.00	558000	2450000	5

DATUM	BESONDERHEDE	LESINGDATUM: 16/01/24	BEDRAG
	BALANS OORGEBRING		2010.90
20/02/2024	0107595797	ELEKTRISITEIT 26/12/2023-14/01/2024	325.79 *
	BASIES	283.30	
	VAT/BTW	42.49	
20/02/2024	0107595799	ELEKTRISITEIT 02/04/2023-03/04/2023	325.79 *
	BASIES	283.30	
	VAT/BTW	42.49	
20/02/2024	CBRK8685	WATER 13/12/2023-16/01/2024	345.36 *
		975 - 990 (15 Kl 34 Dae)	
	BASIES	224.17	
	07/23	6.71 @ 0.000 = 0.00	
		8.29 @ 9.186 = 76.15	
	VAT/BTW	45.04	
20/02/2024	300005	VULLIS	274.89 *
20/02/2024	301005	VULLIS	137.44 *
20/02/2024		BELASTING PAAIEMENT	704.28
		KWITANSIES	2200.00 -
		Balans Oorgedra	0.45 -
	BTW OP '*' ITEMS: 183.79	ACB 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	BEDRAG BETAALBAAR
	15/03/2024	1924.00

VAT No. / BTW Nr. 4830118370

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

Payment Details / Betalings Besonderhede

Standard Bank

PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY

Verwys. Nr.: 230005580081

EasyPay >>>>>9152623000558008l2

pay@ 11379 230005580081

Message / Boodskap

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

Mossel Bay MUNICIPALITY

CONRADIE FD
OLCKERSWEG 83
POSTE RESTANTE
MOSSELBAAI
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? /

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

Reason for wanting 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? 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 CREST + DEVIL FORCS 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? N

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 FConradie **Date of application** 07/03/24

ADOPTION No MBY 0090 ABM/2024 MBY 2104

PRE AND POST HOME INSPECTION FORM

PASSED: (YES) / NO DATE UNDERTAKEN: 7-3-24 TIME: 14:00

NAME OF APPLICANT: Francois Cooradie

ADDRESS: 83 Olkesweg; Reebok

HOME TEL No: _____ CELL No: 0827386894

ANIMAL(S) ADOPTING: Dog

SEX: Female AGE: ± 2 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?	0

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

INSPECTED BY: Luyanda Bhy SPCA: Mossel Bay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

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? ✓

Are you a student with consent to keep pets: ✓ YES/(NO)

Reason for wanting 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? 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? NO

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: FConradie Date of application: 07/03/21

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.

DBV SPCA
Garden Route

KENNEL No.	K 20 K37			ADMISSION No.	MBY2104	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	08/02/24		Time in		Date for release	

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

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

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	Guido Joubert			
Residential Address	1418 Rabbitstraat East 8				
Postal Address	No Postal.				
Tel (H) None	Tel (W) None	Cell 27837515403			
Email	No email.				
Donation R None	Cash	Card	EFT	(Receipt No.) None	

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 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 Guido Joubert	Witness for Society A. Sloseph.

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

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

MY OWNER

NAME	
POSTAL ADDRESS	
STREET ADDRESS	
HOME PHONE	
WORK PHONE	
CELLPHONE	
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	X-breed
COLOUR	Grey + Black
SEX	♀
DATE OF BIRTH	
MICROCHIP	992003000418786
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
23/3/24		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
23/2/24	 ealth	M-N
	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 (isoquinoline) 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.

Find us on facebook

Quantel Exitel Plus Exitel Plus XL

MY OWNER

NAME: F.D. CONRADIE

POSTAL ADDRESS:

STREET ADDRESS: 83 OLCKERSWEG

REEBOK

HOME PHONE:

WORK PHONE:

CELL PHONE: 0827386804

BREEDER DETAILS:

ME

SPECIES: Canine

BREED: X-breed

COLOUR: 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	[vaccine label]	M.N
	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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MSD Animal Health

Find us on facebook.