Ext 23

ADOPTION CHECKLIST

ADMISSION NO: MBY2135

CONTRACT NO: MBY 0091

- [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 25/06/24
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000418783

Adoptee INFO:

Name & Surname Priscilla van Niekerk

Contact INFO: 0848498105

Completed by: Kay Lewis Date: 08/03/2024

Manager: [signature] Date: 08/03/2024

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.

Collect dogs for Sterile 25th

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0091 DATE: 08/03/24

between Mosselbaai SPCA

and

Name Priscilla Van Niekerk

Address 30 Sampson Str. 6XT 23

Telephone Numbers (H) 0848419105 (B)

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

Animal's Name Sex female Age 2 months

Description Lab X

On (due date) Adoption Form No. MBY 0091

on the understanding that you will arrange to have this done at the Mosselbaai 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. J Muller Signed: [signature] DVM

Date: 25/6/24

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0091 DATE: 08/03/24

between [ ] Mosselbaai SPCA

and

Name Priscilla van Niekerk

Address 30 Sampson Str. EXT 23

Telephone Numbers (H) 0848498105 (B)

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

Animal's Name Sex Female Age 2 months

Description Lab X

On (due date) Adoption Form No. MBY 0091

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.
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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: * For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Signed:

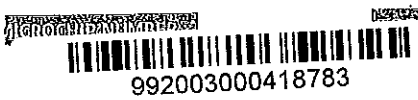
Date:

BackHome®

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM



Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database.

VETERINARIAN ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

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

Cell No. 0848498105

E-mail * Priscilla.vannieterk@westerncape.gov.za

Title * MS Initials * P Surname * VAN NIEKERK

Street 20 Sampson STR City

Suburb EXT 23 Area Code EXT 23

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

CHIP DETAILS

Registration Date * 13 - 03 - 24

Date of Implant * 07 - 03 - 24

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

Name of Person who implanted the Chip NDYEBO NGQELE

PET DETAILS

Pet Name

Species * DOG

Colour CREAM

Gender Male (Female)

Year of Birth 2024 Jan

Breed * LABX

Markings

Sterilised Yes (No)

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registartion 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 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 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 refer my consents to it's personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____

REGISTRATION PROCESS - Please use one of the following options to register on the BackHome database.

1. On-line Log onto www.backhome.co.za. Complete the registration process.

completed form to BackHome on 0800 222 546 (TOLL FREE) or 0864 570 463.

ADMISSION, ASSESSMENT AND HISTORY RECORD

COPIED

DBV SPCA
Garden Route

KENNEL No.	140 K 42			ADMISSION No.	MBY2135	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	14/02/24		Time in	15:00	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	X Yes / No	Lost & Found Date checked	14/02/24
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	14/02/24	Microchip or ID Tag number			

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Labrador X		Colour and Markings	Cream
Condition	Fair		Sex ♀	Age 2 months
Temperament	Good		Sterilisation details No	Name
Coat Thin	Tail Long	Teeth Condition Fair	Ears Down	Size Small
Area found / collected from	Jo Slovo			Date 14/02/24
Reason for surrender	Can't afford			

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

Surrendered by / Found by	X Name	Monica Madi		
Residential Address	Jo Slovo			
N/A				
Postal Address	N/A			
Tel (H) N/A	Tel (W)	Cell 0737313101		
Email	N/A			
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A

PLEASE INSIST ON A RECEIPT

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

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 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 Refer to MBY 2048	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: _____

42 Cream Road

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): Ms. P. v. Niekerk Priscilla.

HOME ADDRESS: 30 Sampson street, Ext 23

ID NO.: 8111200228085

POSTAL ADDRESS: same as above

TEL NO (H): (044) 6016155 (B):

CELL NO: 0848498105 FAX NO:

EMAIL: Priscilla.vanniekerk@westerncape.gov.za

Address where animal will be kept: same as above.

Occupation: Nurse

Do you own or rent your property: Yes Do you have consent from owner / Body Corporate? N/A

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? Labrador.

Can you afford private fees? Who is your vet? Heidelberg Animal Hosp.

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

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? CATS? OTHER?

Which animals do you still have, and what happened to the others? Vibrogate Pet.

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

Full description of the fencing and gate: Vibragate Height:

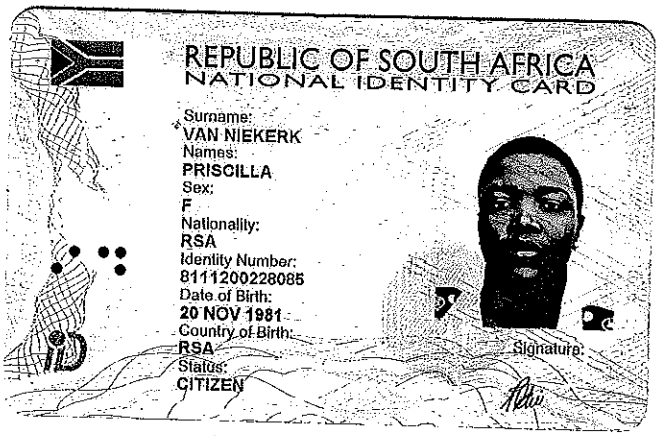
What shelter is provided: OUTDOORS KENNEL OTHER

Have you previously had pets from an SPCA? No Are there children under 10 in your household?

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 **Date of application** 7/3/24



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VAN NIEKERK
Names:
PRISCILLA
Sex:
F
Nationality:
RSA
Identity Number:
8111200228085
Date of Birth:
20 NOV 1981
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Standard Bank

Home Loans Office
PO Box 4365
Johannesburg
2000
Tel: **0860 123 001**
Operating hours:
Weekdays 08h00-17h00
Saturdays 08h00-13h00

08 February 2024

Change of Legal Notice Address

537201890 **Bond Account Number:**

Property Description:

ERF 8991 MOSSEL BAY

This serves to confirm recent changes made to the legal notice delivery method and/or domicile address for the above referenced bond account.

Bondholder	MRS P VAN NIEKERK
Legal Notice Delivery Method	REGISTERED MAIL
Domicile Address *See Below	30 SAMPSON ST MOSSEL BAY EXT 23 6506

* Domicile Address

The Mortgagor chooses the domicile address as the address to which notices and documents in any legal proceedings against the Mortgagor, including notices of attachment of the property, may be served.

Should you require more information, please contact us on 0860 123 001.

Kind regards,

Standard Bank Homeloans

Mossel Bay Hospital
2024 -03- 18
12 Avenue, Mossel Bay
6506

CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT.
THERE IS NO INDICATION THAT THE ORIGINAL DOCUMENT HAS BEEN AMENDED BY AN UNAUTHORISED PERSON.
08 MAR 2024

O VERWEY
OPERATIONAL MANAGER
SANC: 14503981

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

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

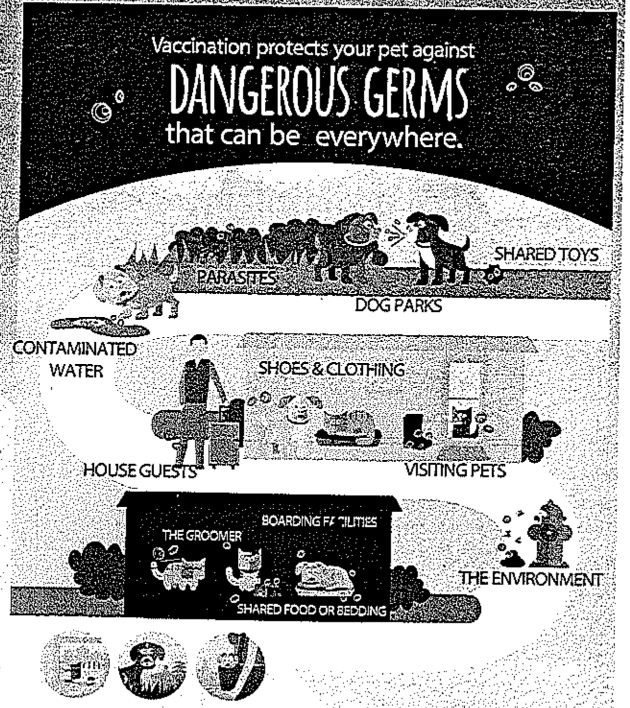
DOCTOR'S NAME

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 CARD



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

Section 4-12a

ADOPTION No MBY 0091

ADMISSIO MBY 2135

PRE AND POST HOME INSPECTION FORM

PA: YES / NO

DATE UNDERTAKEN: 07/03/24 TIME: 1510

NAME OF APPLICANT: Me Priscilla van Niekerk

ADDRESS: 30 Sampson East 23.

HOME TEL No: _____ CELL No: 0848498105

ANIMAL(S) ADOPTING: Lab x Cream

SEX: ♀ AGE: 3 maande

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Vibrigate / Bricks		Height of fence: 1,8 - 2 meter	
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					
	1	2	3	4	5
BREED					
SEX					
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Property big and safe
Lonely people dog is going to a good home.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Kurt **SPCA:** Mossel Bay **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013