ADOPTION CHECKLIST

ADMISSION NO: MBY 5602

CONTRACT NO: MA0007ST

- [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 27/03/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548240

Adoptee INFO:

Name & Surname Gunter Gliwa

Contact INFO: 0834574321

Completed by: _____ Date: 28/03/2025

Manager: _____ Date: 28/03/2025

| 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

loaded

DBV SPCA
Garden Route

| KENNEL No. 22 41 | | | | ADMISSION No. MBY5602 | | |
|---|---|---|---|---|---|---|
| Stray | Surrender | Abandoned | Returned | Impounded | Confiscated | Request for euthanasia |
| Date in 31/1/25 | | | Time in 17:10 | | Date for release | |

| IDENTIFICATION & LOST AND FOUND | | | | Lost & Found checked | X Yes / No | Lost & Found Date checked | 31/1/25 |
|---|---|---|---|---|---|---|---|
| Microchip/Collar or ID tag found | X Yes / No | Date scanned or checked | 31/1/25 | Microchip or ID Tag number | None | | |

**DESCRIPTION & HISTORY**

| Dog ✓ | Cat | Other species (Specify) Hen | | |
|---|---|---|---|---|
| Breed | Rottweiler x | Colour and Markings | Black / Brown | |
| Condition | good | Sex ♀ | Age adult | |
| Temperament | friendly | Sterilisation details None | Name - | |
| Coat Short | Tail | Teeth Condition good | Ears up | Size med |
| Area found / collected from | Highway park | | | Date 31/1/25 |
| Reason for surrender | Stray | | | |

| 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 | SHADRACK BOBELO |
|---|---|---|---|
| Residential Address | 12 ADRIAN STREET | | |
| HIGHWAY : MOSSEL BAY | | | |
| Postal Address | None | | |
| Tel (H) None | Tel (W) None | Cell 0782081937 | |
| Email | None | | |
| Donation R None | Cash | Card | EFT (Receipt No.) None |

**PLEASE INSIST ON A RECEIPT**

Confiscated: OB No: None Case No: None Inspector: ICVI

## 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 uitdrukilik 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 |

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

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

# MICROCHIPPED ANIMAL REGISTRATION FORM

**MICROCHIP NUMBER**

992003000548240

**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. * 0834574321 Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * germanag@~~gmail~~ deunet.co.za If possible, please provide a personal email, not a company email.

Title * MR Initials * G Surname * GLIWA

Street 11 FULLERSTREET City

Suburb Area Code SWELLENDAM

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 * - -

Date of Implant * 27 - 03 - 2025

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

Name of Vet who implanted the Chip BHO SMITH

## PET DETAILS

Pet Name STELLA Date of birth

Species * CANINE Breed * ROTTWEILER

Colour BLACK + 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 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 form to backhome@virbac.co.za or backhome.support.external@virbac.co.za |
| 4. By App | Download the Virbac Backhome Africa App |

**SWELLENDAM MUNISIPALITEIT**
BTW Nr: 4000846271
POSBUS 20, SWELLENDAM, 6740
TEL: (028) 514-8500
FAKS: (028) 514-2694
EPOS: info@swellendam.gov.za

COMPUTER GENERATED

# TAX INVOICE

| | |
|---|---|
| DATUM VAN REKENING | 28/02/2025 |
| BELASTING FAKTUUR | 2019455 |
| REKENING NR. | 1000300486 |
| KWITANSIES GEPOS TOT | 28/02/2025 |
| WOONBUURT | 1 |
| DEPOSITO | 817.50- |
| ERF | 8155 |
| LIGGING | FULLARDSTRAAT 11 |
| Kliënt BTW NR. | |
| WAARDASIE | 2200000 |

MNR/ME G&CIP GLIWA
11 FULLARDSTREET
SWELLENDAM
6740

germanag@deunet.co.za

| DIENS | OPENINGS BALANS | KWITANSIES | HEFFING | RENTE | REGSTELLINGS | BTW | SLUITINGS BALANS |
|---|---|---|---|---|---|---|---|
| | 788.08 | 788.05- | 963.76 | 0.00 | 0.00 | 144.57 | 1108.36 |
| | 1211.12 | 1211.12- | 618.09 | 0.00 | 0.00 | 92.71 | 710.80 |
| | 281.50 | 281.50- | 244.78 | 0.00 | 0.00 | 36.72 | 281.50 |
| | 539.02 | 539.02- | 468.71 | 0.00 | 0.00 | 70.31 | 539.02 |
| DIVERSE | 17.25 | 17.25- | 15.00 | 0.00 | 0.00 | 2.25 | 17.25 |
| | 1569.56 | 1569.56- | 1569.56 | 0.00 | 0.00 | 0.00 | 1569.56 |
| TOTAAL | 4406.53 | 4406.50- | 3879.90 | 0.00 | 0.00 | 346.56 | 4226.49 |

SIEN ASSEBLIEF KEERSY VIR BELANGRIKE NOTAS.

## KANTOOR URE

08H00-17H00 MAANDAG - DONDERDAG
08H00-16H00 VRYDAG
PUBLIEKE VAKANSIE DAE UITGESLUIT

## BETAALPUNTE

SWELLENDAM
MUNISIPALE KANTORE,
POSKANTORE EN EASY PAY
PUNTE LANDWYD.

**BOODSKAP**

Verskaf asb epos adres en selfoon nommer aan e-statements@swellendam.gov.za om rekords op te dateer.

| TOTALE BTW | AGTERSTALLIG | HUIDIGE | DATUM BETAALBAAR | BEDRAG BETAALBAAR |
|---|---|---|---|---|
| 346.56 | 0.03 | 4226.46 | 28/03/2025 | 4226.45 |

| | TOEKOMSTIGE | HUIDIGE | 30 DAE | 60 DAE | 90 DAE | 90 DAE + |
|---|---|---|---|---|---|---|
| MAANDELIKS | 0.00 | 4226.46 | 0.03 | 0.00 | 0.00 | 0.00 |
| JAARLIKS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAAL | 0.00 | 4226.46 | 0.03 | 0.00 | 0.00 | 0.00 |

| | | | | | |
|---|---|---|---|---|---|
| Water:PURE | Basic/Basies | 1 | 121.89 | 140.17 | 18.28 |
| Water:PURE | 0 - 6 Kl | 6 | 7.69 | 53.06 | 6.92 |
| Water:PURE | 7 - 15 Kl | 9 | 14.18 | 146.76 | 19.14 |
| Water:PURE | 16 - 30 Kl | 15 | 17.83 | 307.57 | 40.12 |
| Water:PURE | 31 - 45 Kl | 3 | 18.33 | 63.24 | 8.25 |
| Elec:DOM1 | Basic/Basies | 45 | 533.56 | 613.59 | 80.03 |
| Elec:DOM1 | 1 - 50 Kwh | 50 | 1.71 | 98.79 | 12.89 |
| Elec:DOM1 | 51 - 350 Kwh | 157 | 2.19 | 395.95 | 51.65 |
| | | RES | 2200000 @ .00862 | | 1580.33 |
| Rol Nommer: | | | Seksie 17(h)-Vrystelling | | 10.77- |

| Tp. | Meter Nr. | Vorige | Nuwe Lesing | Faktor | Verbruik | Periode Daag.Gemid | |
|---|---|---|---|---|---|---|---|
| W | | 24238 | 24271 | | 33.000 | 07/01-03/02 | 1.22 |
| E | 1279133 | 27535 | 27742 | | 207.000 | 07/01-03/02 | 7.66 |

## BETAALDATUM:
28/03/2025

**Aandag alle verbruikers**

**Dit is die verantwoordelikheid van elke verbruiker om navraag te doen by die Munisipaliteit indien geen rekening ontvang was voor die sperdatum nie. Navrae met betrekking tot rekeninge kan soos volg gemaak word:**
**1) E-pos: info@swellendam.gov.za**
**2) Telefoon (028) 514 8500**
**3) Faks (028) 514 2694**

**Dankie**

## BETALINGSADVIES

EasyPay

>>>>>>> 9156 5001 0003 0048 68

REKENING: SWM 1000300486

ABSA

TAKKODE: 632005
REKENINGNOMMER: 239 056 0039

VERWYSING NOMMER: 1000300486

Post Office

AANWYS: 0002

REKENINGNOMMER: SWM 1000300486

Stella
MBY 5602.

MA0007ST



# 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): MR Gunter Gliwa

HOME ADDRESS: 11 Fullards street Strelleudam 6740

ID NO.: 4704265198187

POSTAL ADDRESS: as above

TEL NO (H): 0834574321 (B): _____

CELL NO: 0834574321 FAX NO: _____

E-MAIL: germanagg@deunet.co.za

Address where animal will be kept: 11 Fullards street Strelleudam 6740

Reason for wanting an animal: had dogs since 1999

Occupation: pensioner

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: as companion

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? female, no puppy

Can you afford private veterinary fees? yes Who is your vet? hermitage vet

How many animals live on your property DOGS _____ CATS 1 OTHER _____

What are the sexes of your animals? DOGS: Male _____ Female _____ CATS : Male _____ Female 1

Are all your animals sterilised? Give details yes

How many dogs and cats have you owned over the past 3 years? DOGS 2 CATS 2 OTHER _____

Which animals do you still have, and what happened to the others? died of 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: fence and wall, 2 entrances* Height: 120 cm

What shelter is provided : OUTDOORS dog hut KENNEL _____ OTHER indoors

Have you previously had pets from an SPCA? no Are there children under the 10 years 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** Gunter Gliwa **Date of application** 2025/03/18

* 1 pedestrian entrance 1 drive in gate electric

MBY 5602

9 92003 000548240 ADMISSION NO 018/2/25

# PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 15.3.25 TIME: 11 00

NAME OF APPLICANT: Gwenneth Glitza. + Claudine.

ADDRESS: 11 Fullard St

Swellendam 6740

HOME TEL No: 083 457 4779 CELL No: 0834574321

ANIMAL(S) ADOPTING: Honey. Rottweiler.

SEX: Female. AGE: 3y

**PRE- HOME INSPECTION:**

| PROPERTY DESCRIPTION + palisade. | | | |
|---|---|---|---|
| Type and height of fence: Vibracrete diamond | | Suitability of fence (i.e. small pets can't escape): 1.5 – 2 M | |
| Suitable shelter? (i.e. Kennel in protected area) | 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? | 1 |

| DESCRIPTION OF ANIMALS ON PROPERTY | | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| BREED | DSH | | | | |
| CONDITION | fair | | | | |
| WELFARE (good?) | good | | | | |
| SEX & AGE | F / 8y | / | / | / | / |
| STERILISED | YES ☑ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ |

OTHER INFORMATION / COMMENTS this is an excellent home. Dr Liza Venter is their Vet. Not approved for Honey due to fencing.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: D. Hazell SPCA: Swellendam SIGNATURE: D Hazell

**POST HOME INSPECTIONS**

| DATE | RESULT | REMARK | BY WHOM |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE**

NOTICE OF PERSONAL PARTICULARS

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particulars of your present address e.g. name of street and/or street number etc.

2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

I.D. No. 470426 5198 187

NON S.A.CITIZEN

SURNAME
GUWA

FORENAMES
GUNTER

COUNTRY OF BIRTH
GERMANY

DATE OF BIRTH
1947-04-26

DATE ISSUED
2016-01-25

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS

10834

2016-01-25 (00125)

11 FULLARD STREET
SWELLENDAM
6740

470426 5198 18 7

**SWELLENDAM MUNISIPALITEIT**
BTW Nr: 4000846271
POSBUS 20, SWELLENDAM, 6740
TEL: (028) 514-8500
FAKS: (028) 514-2694
EPOS: info@swellendam.gov.za

COMPUTER GENERATED

## TAX INVOICE

| | |
|---|---|
| DATUM VAN REKENING | 28/02/2025 |
| BELASTING FAKTUUR | 2019455 |
| REKENING NR. | 1000300486 |
| KWITANSIES GEPOS TOT | 28/02/2025 |
| WOONBUURT | 1 |
| DEPOSITO | 817.50- |
| ERF | 8155 |
| LIGGING | FULLARDSTRAAT 11 |
| Kliënt BTW NR. | |
| WAARDASIE | 2200000 |

MNR/ME G&CIP GLIWA
11 FULLARDSTREET
SWELLENDAM
6740

germanag@deunet.co.za

| DIENS | OPENINGS BALANS | KWITANSIES | HEFFING | RENTE | REGSTELLINGS | BTW | SLUITINGS BALANS |
|---|---|---|---|---|---|---|---|
| | 788.08 | 788.05- | 963.76 | 0.00 | 0.00 | 144.57 | 1108.36 |
| | 1211.12 | 1211.12- | 618.09 | 0.00 | 0.00 | 92.71 | 710.80 |
| | 281.50 | 281.50- | 244.78 | 0.00 | 0.00 | 36.72 | 281.50 |
| | 539.02 | 539.02- | 468.71 | 0.00 | 0.00 | 70.31 | 539.02 |
| RWERSE | 17.25 | 17.25- | 15.00 | 0.00 | 0.00 | 2.25 | 17.25 |
| | 1569.56 | 1569.56- | 1569.56 | 0.00 | 0.00 | 0.00 | 1569.56 |
| TOTAAL | 4406.53 | 4406.50- | 3879.90 | 0.00 | 0.00 | 346.56 | 4226.49 |

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08H00-17H00 MAANDAG - DONDERDAG
08H00-16H00 VRYDAG
PUBLIEKE VAKANSIE DAE UITGESLUIT

### BETAALPUNTE

SWELLENDAM
MUNISIPALE KANTORE,
POSKANTORE EN EASY PAY
PUNTE LANDWYD.

**BOODSKAP**

Verskaf asb epos adres en selfoon nommer aan e-statements@swellendam.gov.za om rekords op te dateer.

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| | TOEKOMSTIGE | HUIDIGE | 30 DAE | 60 DAE | 90 DAE | 90 DAE + |
|---|---|---|---|---|---|---|
| MAANDELIKS | 0.00 | 4226.46 | 0.03 | 0.00 | 0.00 | 0.00 |
| JAARLIKS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAAL | 0.00 | 4226.46 | 0.03 | 0.00 | 0.00 | 0.00 |

| | | | | | |
|---|---|---|---|---|---|
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| Water:PURE | 0 - 6 Kl | 6 | 7.69 | 53.06 | 6.92 |
| Water:PURE | 7 - 15 Kl | 9 | 14.18 | 146.76 | 19.14 |
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| Elec:DOM1 | Basic/Basies | 45 | 533.56 | 613.59 | 80.03 |
| Elec:DOM1 | 1 - 50 Kwh | 50 | 1.71 | 98.79 | 12.89 |
| Elec:DOM1 | 51 - 350 Kwh | 157 | 2.19 | 395.95 | 51.65 |
| | | RES | 2200000 @ .00862 | | 1580.33 |
| Rol Nommer: | | | Seksie 17(h)-Vrystelling | | 10.77- |

| Tp. | Meter Nr. | Vorige | Nuwe Lesing | Faktor | Verbruik | Periode Daag.Gemid | |
|---|---|---|---|---|---|---|---|
| W | | 24238 | 24271 | | 33.000 | 07/01-03/02 | 1.22 |
| E | 1279133 | 27535 | 27742 | | 207.000 | 07/01-03/02 | 7.66 |

### BETAALDATUM:
28/03/2025

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**1) E-pos: info@swellendam.gov.za**
**2) Telefoon (028) 514 8500**
**3) Faks (028) 514 2694**

**Dankie**

### BETALINGSADVIES

EasyPay

>>>>>>> 9156 5001 0003 0048 68

REKENING: SWM 1000300486

ABSA

TAKKODE: 632005
REKENINGNOMMER: 239 056 0039
VERWYSING NOMMER: 1000300486

Post Office
AANWYS: 0902
REKENINGNOMMER: SWM 1000300486

## MY OWNER

NAME: Gunter Gliwa

POSTAL ADDRESS:

STREET ADDRESS: 11 Fullard Street

Swellendam

HOME PHONE:

WORK PHONE:

CELLPHONE: 0834574321

BREEDER DETAILS:

## ME

SPECIES: CANINE

BREED: ROTTWEILER

COLOUR: BLACK + BROWN

SEX: FEMALE

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000548240

FEATURES/MARKS:

## NEXT VACCINATION DUE

| DATE | DATE | DATE |
|---|---|---|
| 27/3/26 | | |

## I WAS VACCINATED ON

| DATE | VACCINE AND BATCH NO. | VET SIGNATURE |
|---|---|---|
| 10/02/25 | Nobivac DHPPi 02131812A Exp: 04-FEB-2026 + triworm | Bho Smith |
| 25/03/25 | Nobivac DHPPi 02131812A Exp: 04-FEB-2026 + triworm + RABIES | Bho Smith |
| 27/3/25 | Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Ut. av./Exp.: F48436 27/04-2026 | A Wolf Bho |
| | 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 | |

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.

MSD Animal Health

Nobivac Quantel Exitel Plus Exitel Plus XL BRAVECTO

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# ADOPTION CONTRACT

| DOG/CAT | Breed Rottweiler | Male/Female | ADMISSION NO: MBY 5602 |
|---|---|---|---|
| Microchip and or ID Ta | 992003000548240 | | |

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 the 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 the form of a microchip or a collar and tag – only **elasticised 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 the 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 within 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.**

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Gunter Gliwa

HOME ADDRESS: 11 Fullard street, Swellendam ID/PASSPORT NO.: 4704265198187

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

CELL NO: 0634574321 FAX NO: _____

E-MAIL: germanag@deunet.co.za

ADOPTION FEE: R950 cash / card/ eft DONATION: _____ RECEIPT No. 5739

VEHICLE REG. No. CCH 8072 VEHICLE MAKE: Mercedes COLOUR Volute

SIGNATURE: _____ WITNESS FOR SOCIETY: _____

DATE: 2025/03/28