ADOPTION CHECKLIST

ADMISSION NO: 7276 MBY [redacted]

CONTRACT NO: MA0119

- [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 NOVEMBER - Beginning.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000577605

Adoptee INFO:

Name & Surname Liezl Lamprecht

Contact INFO: 082 7828 983

Completed by: [signature] Date: 22/09/2025

Manager: [signature] Date: 22/09/2025

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.

GARDEN ROUTE SPCA MOSSELBAY			
DATE	15/09/25	ANIMAL NAME	
KENNEL NUMBER	C3	BREED	DSH
CARD NUMBER	MBY 7276	STERILIZED	NO
COLOUR	Tabby	MALE/FEMALE	Male
VACCINATED	Yes	AGE	8 weeks
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	0.90 kg		
TEMPERATURE	38.5		
EARS	~~NAD~~		
EYES	~~NAD~~		
TEETH	~~NAD~~		
NOSE	~~NAD~~		
LUNGS	~~NAD~~		
HEART	~~NAD~~		
ABDOMEN	~~NAD~~		
HIPS	~~NAD~~		
SKIN AND COAT	~~NAD~~		
FIT FOR ADOPTION	~~YES~~	NO	

ADDITIONAL COMMENTS

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MIC

992003000577605

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 * FR14/13019.

Vet Practice Name * Mossel Bay Vetroom Spar Garden Route

Vet Practice Phone - Daytime * 044 6930824

PET OWNER INFORMATION

Cell No. * 0827828983 Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * liezllamprecht@hotmail.com If possible, please provide a personal email, not a company email.

Title * MRS Initials * L Surname * LAMPRECHT

Street 15A RYLAAN 3 City

Suburb HARTENBOS Area Code SEEMEEUPARK

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 * 23-09-2025

Date of Implant * 19-09-2025

Was the Microchip implanted by this veterinary practice? X Yes No

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name MARLO Date of birth 2025

Species * FELINE Breed * DSH

Colour TABBY Markings

Gender X Male 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 _____

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

ANNEXURE A

Additional Household Members & Emergency Contacts

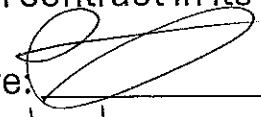
1. **Spouse Details**
   - Full Name: Riaan Lamprecht
   - Contact Number: 082 22 666 17
   - Email Address: riaan@webmenu.co.za

2. **Additional Family Member/Friend Details**
   - Full Name: Franci Van Rooyen
   - Contact Number: 082 411 7491
   - Email Address: laventelbos@hotmail.com

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/(No))
   - If yes, when? N/A
   - Where? N/A
   - What animal did you adopt? N/A

1. **Adoption Contract Acknowledgment**

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: 

Date: 22/09/2025

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0119 DATE: 22/09/25

between MOSSELBAAI SPCA

and

8 10204 0044 089

liezllamprecht@hotmail.com

Name LIEZL LAMPRECHT

Address 15A Rylaan 3, Seemeeupark, Harterbos

Telephone Numbers (H) (B)

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

Animal's Name Sex ~~Female~~ MALE Age 8 weeks

Description TABBY

On (due date) Begin NOVEMBER Adoption Form No. MA0119

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: For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Signed:

Date:

9 9 2 0 0 3 0 0 0 5 7 7 6 0 5

ADMISSION NO MBY 72 76

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 17/9/25 TIME: 9:25

NAME OF APPLICANT: Liezl Lamprecht

ADDRESS: 15 A Rylaan 3 Seemeeupark, Harkenbos

HOME TEL No: CELL No: 0827828983

ANIMAL(S) ADOPTING: Kitten

SEX: AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: SLABS		Suitability of fence (i.e. small pets can't escape):	
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?	0

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Propety fully fence. Pass.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Wally Wagenaar SPCA: Wally SPCA SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No. CB5 C3				ADMISSION No. MBY7276 (copied)		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 21/08/25		Time in		12:30	Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	☑ Yes ☐ No	Lost & Found Date checked	21/08/25
Microchip/Collar or ID tag found ☐ Yes ☑ No	Date scanned or checked	21/08/25	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	
Breed	OSH	Colour and Markings Dark Tabby	
Condition	Fair	Sex ♂	Age 6 weeks
Temperament	Good	Sterilisation details NO	Name
Coat Short	Tail long	Teeth Condition Fair	Ears Up	Size Small
Area found / collected from Ext 8			Date 21/08/25
Reason for surrender Unwanted, 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	X	Name	Audrey Rhuneveldt		
Found by					
Residential Address	296 Hermanus Street Mosselbay 6506				
Postal Address	N/A				
Tel (H) N/A	Tel (W) N/A	Cell 0714254258			
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

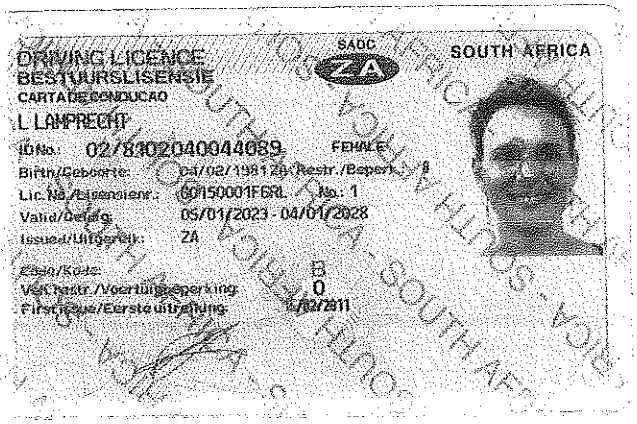
STATEMENT OF SURRENDER

I do hereby certify that I (DO) / 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 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 7374.	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: _____



DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO

L LAMPRECHT

ID No: 02/8302040044089 FEMALE

Birth/Geboorte: 04/02/1981 Restr./Beperk.: 8

Lic.No./Lisensienr.: 60150001FGR No.: 1

Valid/Geldig: 05/01/2023 - 04/01/2028

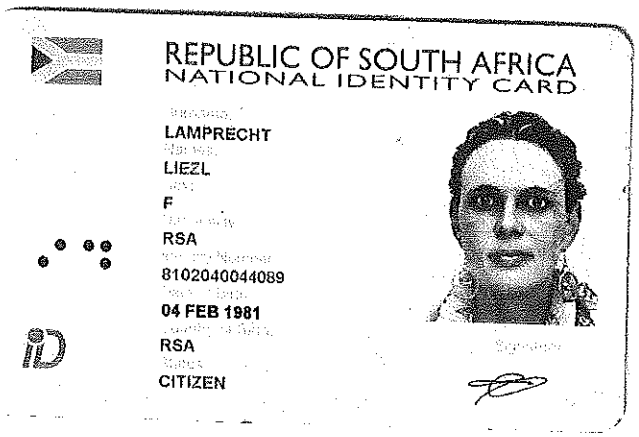
Issued/Uitgereik: ZA

Code/Kode: B

Veh.restr./Voertuigbeperking: 0

First issue/Eerste uitreiking: 05/01/2011

SADC ZA SOUTH AFRICA



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

LAMPRECHT

LIEZL

F

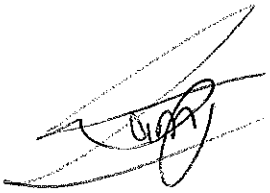
RSA

8102040044089

04 FEB 1981

RSA

CITIZEN



Mossel Bay

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAY

REKENINGNOMMER: 42-016961-013-1

DATUM VAN REKENING: 22/08/2025

LAASTE KWITANSIE DATUM: 21/08/2025

VOORAFBETAALDE METERNOMMER: 07168587058

BTW REG. NO.

Naam:
LAMPRECHT R & VAN ROOYEN L

Liggingsadres:
15 RYLAAN 3 HARTENBOS X2

BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	600.00	ERF NOMMER:	16961000/002	TOTALE WAARDASIE:	950000	WYK No:	7

DATUM	BESONDERHEDE					BEDRAG
	BALANS OORGEBRING					1893.78
20/08/2025 0716858705	ELEKTRISITEIT					496.69 *
	BASIES				431.91	
	VAT/BTW				64.78	
20/08/2025 CSUB534	WATER 18/06/2025-17/07/2025					383.46 *
	2262 - 2275 (13 Kl 29 Dae)					
	BASIES				261.39	
	07/25	3.16 @	0.000	=	0.00	
	.	4.02 @	10.030	=	40.32	
	07/24	2.56 @	0.000	=	0.00	
	.	3.26 @	9.737	=	31.74	
	VAT/BTW				50.01	
20/08/2025 400007	RIOOL					365.61 *
20/08/2025 300007	VULLIS					320.62 *
20/08/2025	BELASTING PAAIEMENT					319.06
	KWITANSIES					1893.00-
	Balans Oorgedra					0.22-

BTW OP '*' ITEMS: 204.29 ACB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	1886.22	1886.00

Betaling moet voor of op die vervaldatum gemaak word

BETAALBAAR OP
15/09/2025

BEDRAG BETAALBAAR
1886.00

VAT No. / BTW Nr. 4630118370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5032
admin@msselbay.gov.za
www.msselbay.gov.za

Payment Details /Betalings Besonderhede

Standard Bank

PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 420169610131

EasyPay >>>>>9152642016961013 13

pay@ 11379 420169610131

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

Vou en skeur af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Mossel Bay

LAMPRECHT R & VAN ROOYEN L
POSBUS 123
HARTENBOS
6520

42-016961-013-1

Fold and tear on perforation

MY OWNER

NAME: Liezl Lamprecht

POSTAL ADDRESS:

STREET ADDRESS: 15 A Rylaan 3

Seemeeupark, Hartenbos

HOME PHONE:

WORK PHONE:

CELLPHONE: 082 782 8983

BREEDER DETAILS:

ME

SPECIES: FELINE

BREED: OSH

COLOUR: TABBY

SEX: MALE

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000577605

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
13/10/2025		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
15/04/25	02071465C 02-JAN-2026	
	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	

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.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

Facebook.com/BravectoSouthAf

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Micro	992003000577605		

This animal has been given to you in the ... 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.

agree to never harm, neglect, abuse or abandon the animal that I adopt.
confirm that I have never been convicted nor charged with cruelty or glect of any animal.

ereby declare that I have read through the Adoption Contract, and t I agree and acknowledge that the above contract is legal and ding.

OPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
AM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters): Liezl Lamprecht

ME ADDRESS
ONADRES: 15 A Rylaan 3, Seemeeupark, Hartenbos

ID/PASSPORT No.:
ID/PASPOORT Nr.: 810204 0044089

No (H):
EFOON Nr (H):

(B):
(W):

L No:
FOON Nr: 0827828983

FAX No:
FAKS Nr:

AIL:
DS. liezllamprecht@hotmail.com

PTION FEE:
EMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 7997

CLE REG No.
RTUIG REG Nr. CBS 42892

VEHICLE MAKE:
VOERTUIG MAAK: XTrail

COLOUR:
KLEUR: bruin

ATURE
TEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

/ DATUM: 22/09/2025

ADMISSION No.
TOELATINGSNR. MA0119

Garden Route

UITPLASINGSKONTRAK

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 huile 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 omhein 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.