

ADOPTION CHECKLIST

- ☒ 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 04/09/2025
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 992003000577540

Completed by: [Signature]

Manager: [Signature]

ADMISSION NO:

MBY 7021

CONTRACT NO:

MA0120

Khanyisile

Adoptee INFO:

Name & Surname MS K.F. Mabuza

Contact INFO: 083 4 88 6 109

22/09/25



992003000577540

Date: 13/09/25

Date: 13/09/25

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 processed.
All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Ngcebo Mabuza
- Contact Number: 076 047 6503
- Email Address: Ngcebomabuza@gmail.com

2. Additional Family Member/Friend Details

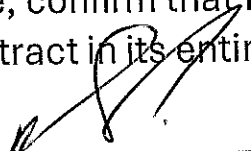
- Full Name: _____
- Contact Number: _____
- Email Address: _____

3. Previous SPCA Adoption

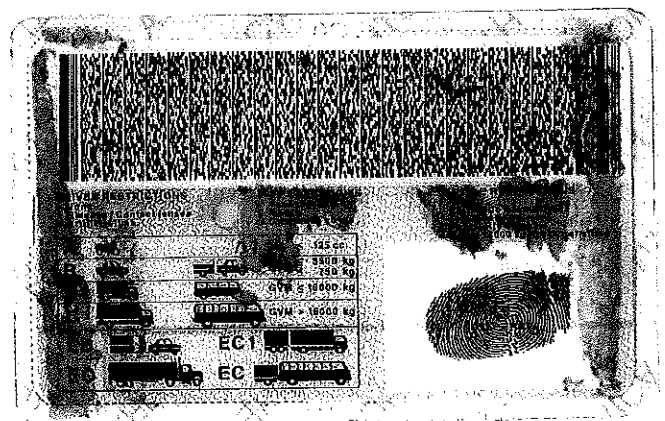
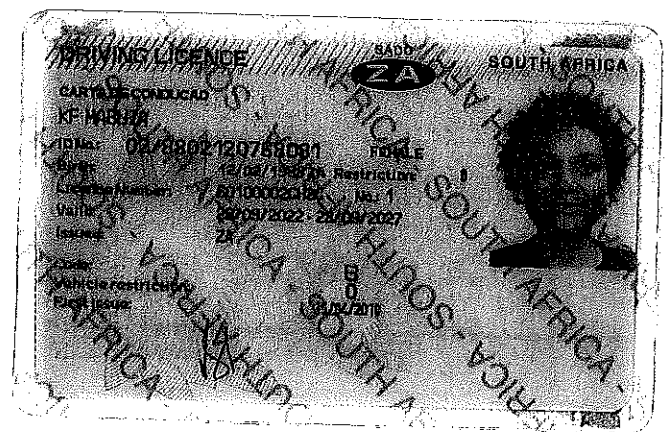
- Have you previously adopted SPCA? (Yes/No)
- If yes, when? _____
- Where? _____
- What animal did you adopt? _____

1. Adoption Contract Acknowledgment

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

Signature: 

Date: 13 September 2025



MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000577540

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0834886109

E-mail * k.angi6@yahoo.com

Title * MS Initials * KF

Street 32 A Newton Street

Suburb GEORGE SOUTH

Country

Phone - Day time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

CHIP DETAILS

Registration Date * 22 - 09 - 25

Date of Implant * 11 - 09 - 2025

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip KAY LEWERS

PET DETAILS

Pet Name SKOLLIE

Species * ~~DOG~~ CANINE

Colour BLACK + WHITE

Gender ☒ Male ☐ Female

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

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 *

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

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

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 * MABUZA

City

Area Code GEORGE

Province

Phone - Night time

Surname *

Surname *

Surname *

Date of birth 2021

Breed * Pekingese X MALTESE

Markings

Sterilised ☒ Yes ☐ No

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone



VAT No. 4630193664
P.O.BOX 19, GEORGE, 6530
(044) 801-9111 086 589 6402
EMAIL: accounts@george.gov.za

Page: 1 of 1

GEORGE MUNICIPALITY Tax invoice

EMAIL

GRG 1002591512



Ms KF MABUZA
32 NEWTON STREET
GEORGE
6529

STATEMENT DATE	22/08/2025
TAX INVOICE NO.	12350027
ACCOUNT NO.	GRG 1002591512
RECEIPTS POSTED TILL	21/08/2025
GUARANTEE / DEPOSIT	0 / 2120.00-
SUBURB	29 2837 00001
VALUATION	1070000
SITE ADDRESS:	NEWTON STREET
DEBTS DUE BY TENANTS	1700.00-
CLIENT VAT NO.	

SERVICE	OPENING BALANCE	RECEIPTS	CHARGE	INTEREST	ADJUSTMENTS	VAT	CLOSING BALANCE
	42.03	-42.03	156.31	0.00	-136.68	23.45	43.08
	382.48	-382.48	332.59	0.00	0.00	49.89	382.48
	381.14	-381.14	331.43	0.00	0.00	49.71	381.14
	457.67	-457.67	457.67	0.00	0.00	0.00	457.67
	0.00	-136.68	0.00	0.00	136.68	0.00	0.00
TOTAL	1,263.32	-1,400.00	1,278.00	0.00	0.00	123.05	1,264.37

OFFICE HOURS

08H00 -15H30 MONDAY - FRIDAY
EXCLUDING PUBLIC HOLIDAYS

PAY POINTS

MUNICIPAL OFFICES: GEORGE,
UNIONDALE, HAARLEM,
POST OFFICES, PICK 'N PAY, SPAR,
PEP STORES AND EASYPAY POINTS
COUNTRYWIDE.

MESSAGE

PLEASE NOTE THAT YOUR
ACCOUNT NUMBER, MUST BE
PROVIDED AT ALL TIMES, WHEN
YOU LODGE ANY ACCOUNT QUERY,
OR REQUEST A DUPLICATE
ACCOUNT STATEMENT.

Attention all consumers

UPDATE YOUR DETAILS HERE

It is the responsibility of each and every consumer to enquire from the municipality if no account is delivered before the due date. Enquiries with regards to accounts can be made with the following options:

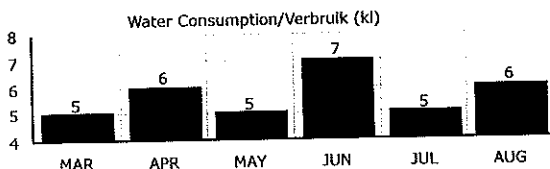
- 1) Email: Accounts@george.gov.za
- 2) Telephone: (044) 801 9111

Thank you.



TOTAL VAT	ARREAR/ADVANCE	CURRENT	PAYMENT DATE		AMOUNT DUE	
R123.05	R0.00	R1,264.37	15/09/2025		R1264.37	
	FUTURE	CURRENT	30 DAYS	60 DAYS	90 DAYS	90 DAYS +
MONTHLY	0.00	1264.37	0.00	0.00	0.00	0.00
ANNUAL	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	0.00	1264.37	0.00	0.00	0.00	0.00

Water:1401	Cons/Days New	6	31.00		
Water:1401	Basic New	1	156.31	179.76	23.45
Water:1401	0-6 New	6	22.06	152.21	19.85
Water:1401	Free New	6	22.06	152.21	19.85



Log & report faults, pay municipal bills, submit self-meter readings and more with the My Smart City App. Become a part of the Improvement Movement with George and My Smart City. Improve your city. Be part of the change. Download the app now!

PAYMENT DETAILS

ACCOUNT: GRG 1002591512

ALLOCATION: 0118

ACCOUNT NUMBER: 1002591512

Post Office

BOXER

Pick n Pay

SPAR

ACKERMANS

SHOPRITE

Checkers

U Save

Smart Water Meter

UniPay

My Smart City

FNB

BRANCH CODE: 210554

ACCOUNT NUMBER: 62869623150

9153 0000 0100 2591 5129

unipay

Tp.	Meter No.	Previous	New Reading	Factor	Consumption	Period	Daily Aver.
W	57196710	103	109		6.000	01/07-01/08	.19

MY OWNER

NAME **K. E. Mabuza**

POSTAL ADDRESS

STREET ADDRESS **32 A Newton Street,**

George South, George

HOME PHONE

WORK PHONE

CELLPHONE **083 488 6109**

BREEDER DETAILS

ME

SPECIES **CANINE**

BREED **Pekingese X**

COLOUR **Black + white**

SEX **MALE**

DATE OF BIRTH **2020**

MICROCHIP/TATTOO **992003000577540**

FEATURES/MARKS

NEXT VACCINATION DUE

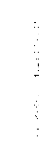
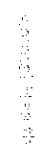
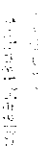
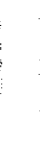
DATE DATE DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/07/25		
18/08/25		
04/09/25		

I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE

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. G2877 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[®] Titer 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 50 mg, Pyrantel 50 mg (equivalent to Praziquantel (Isoginoline) 50 mg/Isabel and Fenbendazole (Benzimidazole) 500 mg/Isabel, Exitel Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and 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[®] 150 mg, Bravecto[®] (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Furalaner per kg body weight.

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

loaded (1)

KENNEL No. 39 K/K. 4/11			ADMISSION No. MBY7021			
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	14/07/25		Time in	10:31	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	14/07/25
Microchip/Collar or ID tag found	☐ Yes ☒ No	Date scanned or checked	14/07/25	Microchip or ID Tag number	None	

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify) B/I			
	Breed	x Breed - Malese X		Colour and Markings	Black & White	
	Condition	Fair		Sex	♂	Age 1 year
	Temperament	Friendly		Sterilisation details	Yes	Name Skollie
	Coat L	Tail L	Teeth Condition Fair	Ears DOWN	Size M.	
	Area found / collected from Kleinbrak					Date 14/07/25
	Reason for surrender Excess Owner's moving					

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

Surrendered by	Name	Isabel Fritz
Found by		
Residential Address	22 2de Kaan	
	Kleinbrak	
Postal Address	No postal	
Tel (H)	No num	Tel (W) No num
		Cell 0766280231
Email	No email	
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: N/A

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 <u>Isabel Fritz</u>	Witness for Society <u>[Signature]</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: _____



PRE HOME NO

GPRE 181

ADMISSION NO

M Bay

992003000577540
PRE HOME INSPECTION FORM DOMESTIC ANIMALSPASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 05.09.25

TIME: 16h35

NAME OF APPLICANT: IT Mubutu

ADDRESS: 32A Newton Street, George South

HOME TEL No:

CELL No:

ANIMAL(S) ADOPTING:

SEX:

AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION	
Type and height of fence: 1.8m wall + vibacrete	Suitability of fence (i.e. small pets can't escape): good
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? N/A
Any hazards? (pool, rubble, razor wire, etc) YES ☐ / NO ☒	Specify: N/A
Does applicant live at the address? YES ☒ / NO ☐	How many animals are on the property? none

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

Safe yard, dog will sleep indoors, patio undercover shelter during day. Dog is not young and not social so will be OK alone in day.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



CATS



SMALL DOGS



MEDIUM DOGS



LARGE DOGS

INSPECTED BY:

S. Trietsch

SPCA:

GRSPCA

SIGNATURE:

VMT

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE	18/07/25	ANIMAL NAME	Skallie
KENNEL NUMBER	KA	BREED	Maltese X
CARD NUMBER	MB77021	STERILIZED	Yes
COLOUR	Black + white	MALE/FEMALE	Male
VACCINATED	Yes	AGE	5 yrs
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	11.3kg.		
TEMPERATURE	38.8 kg		
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

5/10/12

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): KF Mabuza

HOME ADDRESS: 32 A Newton Street, George South

George ID NO.: 8802120768081

POSTAL ADDRESS: N/A

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

CELL NO: 083 488 6109 FAX NO: N/A

EMAIL: k.anyi@yahoo.com

Address where animal will be kept: Same as above

Occupation: Project Manager

Do you own or rent your property: Own 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: 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? Malties

Can you afford private fees? Yes Who is your vet? N/A Vital Vet

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

What are the sexes of your animals? DOGS: Male 0 Female 0 CATS: Male 0 Female 0

Are all your animals sterilised? Give details N/A

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? N/A

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

Full description of the fencing and gate: Ubacrete + Gate Height: 1.7m

What shelter is provided: OUTDOORS — KENNEL — OTHER indoors

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

Pre Home Inspection Fee: R100 Receipt No: 7956

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 [Signature] Date of application 30/08/25



ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male / Female
Microch	992003000577540	

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.

- I do hereby confirm and undertake that:
- I am over eighteen (18) years of age.
- All family members agree to the adoption and will abide by the conditions in the contract.
- 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.
- I will give the animal a fair chance to adjust to its new home.
- I understand that donations are not refundable or transferable.
- I will feed and house the animal to the Society's satisfaction.
- 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.
- I can afford the services of a private veterinary practitioner.
- I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
- 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.
- I will ensure that the animal is sterilised as stipulated by the Society.
- 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.
- My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
- I will notify the Society within forty-eight (48) hours should the animal die or go missing.
- I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
- 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.
- I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
- I will notify the Society of any change of address in writing by registered post with 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)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters):

HOME ADDRESS
WOONADRES: 32 A Newton Street,

TEL No (H): George South, George
TELEFOON Nr (H):

CELL No:
SELFOON Nr: 083 488 6109

E-MAIL:
E-POS: k.angie@yahoo.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash / eft / card
kontant / eft / kaart

DONATION: KWITANSIE Nr
DONASIE: RECEIPT No.

VEHICLE REG No.
VOERTUIG REG Nr: HV 91 GP

VEHICLE MAKE: Mercedes
VOERTUIG MAAK: COLOUR: Blue.

SIGNATURE
HANDTEKENING: [Signature]

DATE / DATUM: 13/09/25



Garden Route

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 tuisle sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plezier 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 hulle plig versuim het.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieleden stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- 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 onkoste 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 onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en klient skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuisle gewoon te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
- Ek sal nie die dier vasketting of gehok hou nie, en aanvaar dat indien die dier wel in my besit vasgekettering of gehok gevind word, die Vereniging dit dadelik sal verwyder.
- Ek kan die dienste van 'n private veeartsnykundige bekostig.
- 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.
- 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).
- Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbands mag vir katte gebruik word.
- My erf is behoorlik omheg en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- 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 Uitplasingbeleid 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.
- Ek sal nie die dier gebruik of toelaat dat die dier as 'n wag hond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per geregistreerde 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 verwaarloosing 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.

K. F. Mabuza

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8802120768081

(B):
(W):

FAX No:
FAKS Nr:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING: [Signature]