ADOPTION CHECKLIST

ADMISSION NO: MBY 9556

CONTRACT NO: MA 0217

- [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 March
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 18/02/26. 992003000579354

Adoptee INFO:

Name & Surname Judy de Klerk

Contact INFO: 083280 9451

Completed by: _____ Date: 13/02/26

Manager: _____ Date: 13/02/26

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 No.
TOELATINGSNR. MA0217

ADOPTION CONTRACT

DBV SPCA Garden Route

DOG / CAT	Breed	Male/Female	
Micr	992003000579354		

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 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.

** 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.

UITPLASINGSKONTRAK

DBV SPCA 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 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 hulle 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 behuip van 'n mikroskyfie of halsband en naamplaatjie - **slegs rekbandjies** ma 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 e kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat d 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 i 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 va wreedheid of verwaarlosing van enige dier nie.*

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en ek bevestig en erken dat die kontrak wettig en bindend is.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters): Judy de Klerk

ID/PASSPORT No.:
ID/PASPOORT Nr.: 6506060108086

HOME ADDRESS
WOONADRES: Porsie 16, Plaas 317 Friemersheim

(B):
(W):

TEL No (H):
TELEFOON Nr (H):

FAX No:
FAKS Nr:

CELL No:
SELFOON Nr: 083 280 9451

E-MAIL:
E-POS. judyd@nedbank.co.za

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 4080

VEHICLE REG No.
VOERTUIG REG Nr. CBS 446 GP

VEHICLE MAKE:
VOERTUIG MAAK: Ford Ecosport

COLOUR:
KLEUR: Chill

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 13/02/26

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	37-000317-067-0
DATE OF ACCOUNT:	22/01/2026
LAST RECEIPT DATE:	21/01/2026
PREPAID METER NUMBER:	

VAT REG. NO.
Name:
DE KLERK R & JA
Street Address:
G16 PLAAS 317 MOSSELBAAIPLASE
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	0.00	ERF NUMBER:	317016	TOTAL VALUATION:	200000	WARD No:	14

DATE	DETAILS				AMOUNT
	B/F BALANCE				674.17
21/01/2026	SEN2330231WATER 12/11/2025-11/12/2025				605.26 *
	289 - 318 (29 Kl 29 Days)				
	BASIC			261.39	
	07/25	5.72 @	0.000 =	0.00	
	.	13.35 @	10.030 =	133.90	
	.	9.53 @	13.038 =	124.25	
	.	0.40 @	16.950 =	6.78	
	VAT/BTW			78.94	
21/01/2026	RATES INSTALLMENT				100.56
	RECEIPTS				674.00-
	Balance Carried Forward				0.99-
	VAT ON '*' ITEMS:	78.94	ACB TOT:	0.00	

CREDIT	60 DAYS	30 DAYS	CURRENT	AMOUNT DUE
0.00	0.00	0.00	705.99	705.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	16/02/2026	705.00

VAT No. / BTW Nr. 4830116370

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
REF NO. 370003170670

EasyPay >>>>>9152637000317067O3

pay@ 11379 370003170670

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 MUNICIPALITY

DE KLERK R & JA
PLAAS 317
G16
6520

37-000317-067-0

Fold and tear on perforation.

BELANGRIKE KENNISGEWING

Hierdie rekening word ooreenkomstig die Raad se toepaslike beleid gelewer.

SPERDATUM:

Rekeninge is betaalbaar wanneer gelewer. Die sperdatum op die rekening is slegs van toepassing op die lopende rekening en nie op die agterstallige gedeelte van die rekening nie. Bedrae wat onverelfen is na die vervaldatum is agterstallig en die dienste kan opgeskort word sonder verdere kennisgewing.

METODES EN PLEKKE VAN BETALING:

1. POSORDERS moet gekruis en aan Mosselbaai Munisipaliteit betaalbaar gemaak word.
2. Betalings sal eerstens toegewys word na die oudste skulde(ongeag watter tipe diens), waarna dit in vooraf bepaalde prioriteitsvolgorde toegewys sal word.
3. **Betalings kan soos volg gemaak word;**

3.1 by enige van die MUNISIPALE KANTORE Maandae tot Vrydae (vakansiedae uitgesluit) 08:00 tot 15:30 (Mosselbaai kantoor) en 08:00 tot 15:00 (Groot Brakrivier, Hartenbos, D'Almeida en Kwa Nonqabakantore),

3.2 by enige PICK & PAY, SHOPRITE, CHECKERS of SPAR winkel. Let wel dat minstens 48 uur toegelaat moet word vir die verwerking van alle derde party betalings.

3.3 deur direkte BANK- en/of ELEKTRONIESE BETALINGS by NEDBANK waar Mosselbaai Munisipaliteit as begunstigde gegee word. U rekeningnommer moet as verwysing gebruik word.

3.4 deur outomatiese BANKAFTREKKINGS. Vorms hiervoor is beskikbaar by enige van die Munisipale kantore.

RENTE:

Rente sal ingevolge die Raad se beleid op agterstallige bedrae gehef word.

OPSKORTING VAN DIENSTE:

Die toevoer van dienste mag, indien enige bedrag na die sperdatum verskuldig is, sonder verdere kennisgewing opgeskort word. Die deposito sal terselfdertyd hersien word en toeslag, soos van tyd tot tyd deur die Raad bepaal, sal bygevoeg word ongeag of die toevoer fisies gestaak is al dan nie.

REKENINGE:

Indien geen rekening ontvang is teen die 10de van 'n maand nie, moet 'n afskrif vanaf die Munisipaliteit aangevra word. Die rekening moet te alle tye getoon word wanneer 'n betaling gemaak word.

BEËINDIGING VAN DIENSTE:

Wanneer 'n perseel ontruim word moet die vertrekkende verbruiker die Munisipaliteit minstens 15 dae vooraf skriftelik kennis gee. Versuim hiervan sal tot gevolg hê dat die persoon aanspreeklik bly vir kostes gehef tot datum wat die kennisgewing ontvang en verwerk is.

VOORAFBETAALDE KRAG:

Waar'n voorafbetaalde elektrisiteit meter in gebruik is en enige van die ander
dienste op die perseel agterstallig is, sal slegs eenhede vir 'n gedeelte van die bedrag, wat aangebied word, uitgereik word terwyl die res van die bedrag teen die uitstaande rekening verdiskonteer sal word. (Die persentasie verdeling word van tyd tot tyd deur die Raad bepaal)

IMPORTANT NOTICE

This account has been rendered in terms of Council's relevant policies.

DUE DATE:

Accounts are payable when rendered. The due date on the account is only applicable on the current portion of the account and not the arrear portion. Amounts, which remain unpaid after the due date, are in arrears and services
may be suspended without any further notice.

METHODS AND PLACES OF PAYMENT:

1. POSTAL ORDERS must be crossed and be made payable to Mossel Bay Municipality.
2. Payments will always be appropriated to the oldest account (notwithstanding the kind of service), where after it will be appropriated in order of a predetermined priority.
3. **Payments can be made:**

3.1 at any of the MUNICIPAL OFFICES from Mondays to Fridays (public holidays excluded) 08:00 to 15:30 (Mossel Bay Office) and 08:00 to 15:00 (Great Brak River, Hartenbos, D'Almeida and Kwa Nonqaba offices).

3.2 at any PICK n PAY, SHOPRITE, CHECKERS and SPAR shop. Please note that at least 48 hours should be allowed for processing of all third party payments.

3.3 by direct BANK – and/or ELECTRONIC PAYMENTS to **STANDARD BANK** using Mossel Bay Municipality as beneficiary. Your Municipal account number must be used as the reference number.

3.4 by way of an automatic debit order. These forms are available at any of the Municipal Offices.

INTEREST:

Interest will be levied on arrear accounts in terms of Council's policy.

SUSPENSION OF SERVICES:

The supply of services may be disconnected without any notice, if any amount is due after the expiry date. The deposit will simultaneously be revised and a surcharge, as determined by council from time to time, will be added whether the supply had been physically disconnected or not.

ACCOUNTS:

If no account has been received by the 10th of a month, a copy should be obtained from the Municipality. The account must at all times be produced when payments or enquiries are made.

TERMINATION OF SERVICES:

When premises are vacated, the consumer leaving such premises must give the Municipality 15 day's written notice prior to leaving. Failing to do so will result in this person being held liable for any levies until the date a written notice is received.

PRE-PAID ELECTRICITY:

Where a pre-paid electricity meter is in use and any of the other services on the property is in arrears, only units to the value of a portion of the amount tendered will be issued, the rest of the amount will be allocated to the arrear account. (The percentage of the division will be as determined by Council from time to time)

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0217 DATE: 13/02/2026

between Mosselbay SPCA

63 06 06 01 08 086

and judyd@redbank.co.za

Name Judy du Klerk

Address Persie 16, Plaas 211, Friemershaim

Telephone Numbers (H) 083 290 7491 (B)

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

Animal's Name Sex ♀ Female

Description XBreed

On (due date) END MARCH Adoption Form No. MA0217

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: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

DBV SPCA

ADOPTION No MA 0217

ADMISSIO MBI 9556

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

~~DATE~~ UNDERTAKEN: 12/02/26 TIME: 12H30

NAME OF APPLICANT: Judy de Klerk

ADDRESS: Rosie / 16, 15 aes 817, Foiemeerstein

HOME TEL No: _____ CELL No: 083 280 9457.

ANIMAL(S) ADOPTING: 1 Dog

SEX: _____ AGE: _____

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Mesh		Height of fence: 1.6m.	
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	**2**	**3**	**4**	**5**
BREED	Foxie	JRHC	JRHC.		
SEX F.	Good	M.	Good		
AGE	5Y.	5Y.	12 Years		
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Huge Farm, Safe - Mose- Space

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Thembo. **SPCA:** M. Loy. **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	**RESULT**	**REMARK**	**BY WHOM**

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Ruben de Klerk
- Contact Number: 083 881 0752
- Email Address: rjdeklerk@gmail.com

2. Additional Family Member/Friend Details

- Full Name: Carol Gordon
- Contact Number: 061 001 4709
- Email Address: grannytheFish@gmail.com

3. Previous SPCA Adoption

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

1. Adoption Contract Acknowledgment

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

Signature: _____

Date: 13 February 2026

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

Microchip Number

992003000579354

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. * 0832809461

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

E-mail * judyd@nedbank.co.za

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

Title * MRS Initials * J Surname * DE KLERK

Street PORSIE 16 PLAAS 317 City

Suburb Area Code FRIEMERSHEIM

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 * 17 - 02 - 2026

Date of Implant * 13 - 02 - 2026

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

Name of Vet who implanted the Chip KAY LEWERS

PET DETAILS

Pet Name Date of birth

Species * Breed *

Colour 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

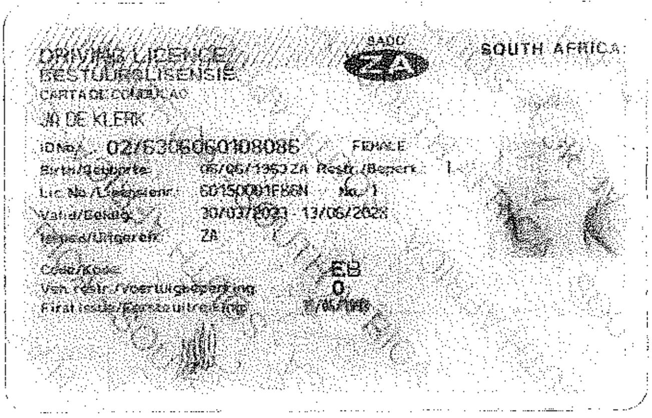
Medical Insurance Phone

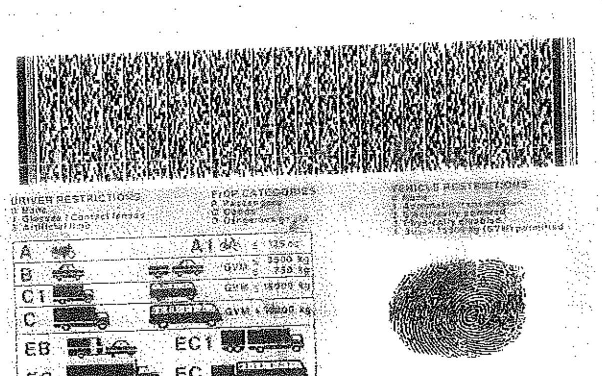
PROTECTION OF PERSONAL INFORMATION LAW

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


DRIVING LICENCE
BESTUURSLISENSIE
SADC
ZA
SOUTH AFRICA
JA DE KLERK
ID No. 02/6306060108086
FEMALE
Birth/Geboorte 06/06/1959 ZA
Restr./Beperk. 1
Lic. No./Lisensienr. 60150001F86N
No. 1
Valid/Geldig 30/03/2023 - 13/06/2028
Issued/Uitgereik ZA
Code/Kode EB
Veh. restr./Voertuigbeperking 0
First issue/Eerste uitreiking


DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb
PrDP CATEGORIES
VEHICLE RESTRICTIONS
A
A1 ≤ 125 cc
B
GVM ≤ 3500 kg
≤ 750 kg
C1
GVM ≤ 16000 kg
C
GVM > 16000 kg
EB
EC1
EC
EC

MY OWNER

NAME: Judy de Klerk

HOME ADDRESS:

POSTAL ADDRESS: Parsic 16, Plaas 317

Friemersheim

TELEPHONE:

CELL PHONE:

EMAIL:

0832809451

OTHER DETAILS:

ME

NAME:

BREED: CANINE

COLOUR: XBREED

MARKINGS: Brown, black, white

SEX: Female

DATE ADOPTED:

MICROCHIP NUMBER: 992003000579354

OTHER FEATURES:

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
10/01/26	Nobivac® Puppy DP PLUS Batch: A256B01 Exp.: 06-2027 + milpro	
12/02/26	352210 93 Ser.: [illegible] Exp.: 06-FEB-2026 + milpro	
	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

NEXT VACCINATION DUE

DATE	DATE	DATE

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.

MSD Animal Health

Nobivac®

Quantel®

Exitel Plus

Exitel Plus XL

BRAVECTO®

Find us on facebook

facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. K36				ADMISSION No. [illegible]		
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	17/01/26		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	17/01/26
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	[illegible]	Microchip or ID Tag number	

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)		
Breed	Mixed		Colour and Markings Brown + White	
Condition	Fair		Sex ♀	Age 6 weeks
Temperament	Scared		Sterilisation details No	Name
Coat S	Tail Long	Teeth Condition Fair	Ears Down	Size Small
Area found / collected from	Found on 26/01/2026 4 puppies Fire and Hby 9662			Date 17/01/26
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	☒	Name	Mariaan Wentzel
Residential Address	Malva Straat Tarka		
Postal Address	-		
Tel (H) N/A	Tel (W) N/A	Cell N/A	
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: Mariaan

STATEMENT OF SURRENDER

I do hereby certify that I **DO** / ~~DO NOT~~ own the animal/s described above, that ~~IT IS(T)~~ **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 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 Mariaan	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: _____