ADOPTION CHECKLIST

ADMISSION NO: MBY 8802

CONTRACT NO: MAO 183

- [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 18/12/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000579306 11/02/26.

Adoptee INFO:

Name & Surname Roxanne Senekal

Contact INFO: 066 565 3225

Completed by: _____ Date: 19/12/25

Manager: _____ Date: 19/12/25

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 processes.

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: KAREN VAN WIEKERK
- Contact Number: 082 569 8364
- Email Address: karenvanwiekerk20@gmail.com

2. Additional Family Member/Friend Details

- Full Name: MIRA SHARON SENEKAL
- Contact Number: 079 968 2602
- Email Address: Mira.S.Senekal@gmail.com

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: 19/12/25

GARDEN ROUTE SPCA MOSSELBAY			
DATE	14/11/2025	ANIMAL NAME	
KENNEL NUMBER	K22	BREED	Boerboel x
CARD NUMBER	MB4 8802	STERILIZED	NO
COLOUR	Black	MALE/FEMALE	Female
VACCINATED	Yes	AGE	8 weeks
PROOF OF VACC	Yellow card	STRAY/SURRENDER	STRAY

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	3.3kg		
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

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.

DBV SPCA Garden Route

KENNEL No.	14 ~~22~~ ~~12~~ 34			ADMISSION No.	MBY8802	
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	11/11/25		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	(Yes) / No	Lost & Found Date checked	11/11/25	
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	11/11/25	Microchip or ID Tag number: None.

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)			
Breed	Boerboel	Colour and Markings	Black with White Chest		
Condition	Fair	Sex	♀	Age	± 8weke.
Temperament	friendly	Sterilisation details	No	Name	No name
Coat S.	Tail L	Teeth Condition: fair.	Ears: Down.	Size	S.
Area found / collected from	N2 Louise 4			Date	11/11/25.
Reason for surrender	Stray dog found on N2.				

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	Gerard Meyer			
Residential Address	24 Curlew Dr Fair View				
	Mossel Bay				
Postal Address	6506				
Tel (H) No num	Tel (W)		Cell 0(0858826		
Email	gsmeyer03@gmail.com				
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 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	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: ________

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
14/11/25	milpro		
17/12/25	milpro		

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus DEWORMING FOR HAPPIER HEALTHIER DOGS

Exitel Plus XL

NOTE TO MY OWNER
Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 18-12-2025

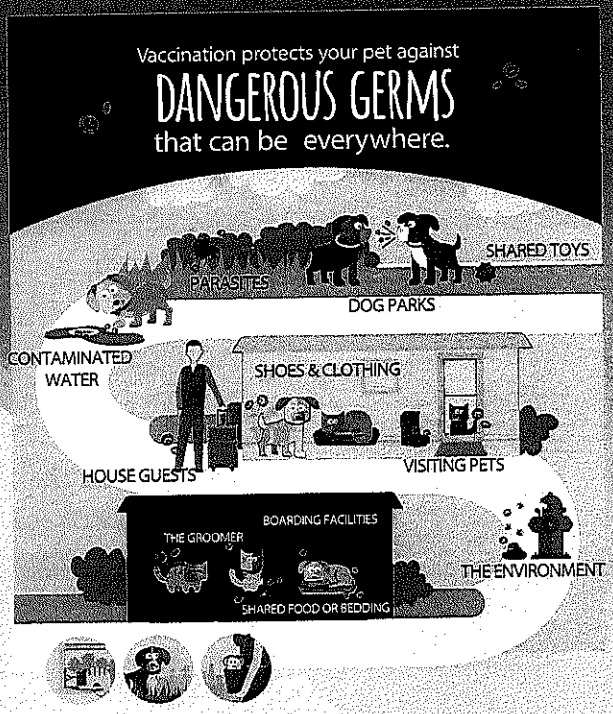
DOCTOR'S NAME Dr. AS. Muller

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours
Monday and Friday: 09:00-16:00
Wednesday: Closed
Tuesday and Thursday: 09:00-16:00
Saturday: 09:00 -11:00

ADMISSION No.
TOELATINGSNR. MA0183

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Mic	992003000579306		

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

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. Elenaarskap 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 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.

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

HOME ADDRESS
WOONADRES: Priya Farm, Leeukloof, Mosselbaai

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8207080291084

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

(B):
(W):

CELL No:
SELFOON Nr: 066 565 3225

FAX No:
FAKS Nr:

E-MAIL:
E-POS. prana.rs.love@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 8566

VEHICLE REG No.
VOERTUIG REG Nr. CAW 172784

VEHICLE MAKE:
VOERTUIG MAAK: Renault

COLOUR:
KLEUR: Silver

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 19/12/25.

ADMISSION NO MBY 8802

9920030005793 06

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 5/12/25 TIME: ± 12:00.

NAME OF APPLICANT: Roxanne Senekal

ADDRESS: Priyia Farm, Leeukloof, Mosselbay, LK30

HOME TEL No: CELL No: 0665653225

ANIMAL(S) ADOPTING: Boerboel X

SEX: Female AGE: ± 11 weeks

PRE- HOME INSPECTION:

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

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	xBreed	xBreed	xBreed	DSH	DSH.
CONDITION	Good	Good	Good	Good	Good
WELFARE (good?)	Good	Good	Good	Good	Good.
SEX & AGE	F / 11.	F /	M /	F /	F /
STERILISED	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☐ / NO ☑	YES ☑ / NO ☐	YES ☑ / NO ☐

OTHER INFORMATION / COMMENTS
2 x Donkeys

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

☑ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: M. Nienkerk SPCA: M.Bay SIGNATURE: M Nienkerk

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

ORGAN DONOR

Surname:
SENEKAL
Names:
ROXANNE
Sex:
F
Nationality:
RSA
Identity Number:
8207080291084
Date of Birth:
08 JUL 1982
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Conditions:

This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
23 MAR 2023

RSA

121234428

TRUST DEED
OF THE
PRIYA FARM TRUST

MEMORANDUM OF AN AGREEMENT IN RESPECT OF A DONATION IN TRUST MADE AND ENTERED INTO BY AND BETWEEN

MARY-ANNE FARNHAM
ID: 570823 0149 083

hereinafter referred to as the FOUNDER

AND

JAMES JOHANNES FARNHAM
ID: 630831 5063 08 3

AND

MARY-ANNE FARNHAM
ID: 570823 0149 08 3

AND

KAREN VAN NIEKERK
ID: 700820 0055 08 1

hereinafter referred to as the TRUSTEES

FOR THE BENEFIT OF:

THE BENEFICIARIES NOMINATED AS SUCH IN PARAGRAPH 1.2 OF THE TRUST DOCUMENT

hereinafter referred to as the BENEFICIARIES

RESOLUTION PASSED AT A MEETING OF THE TRUSTEES FOR THE TIME BEING OF PRIYA FARM TRUST Registration Number IT000981/2022(C)

HELD AT Knysna

ON THE 8th of November 2022

RESOLVED THAT:

1. The Trust buys the following property:

   PORTION 49 (A PORTION OF PORTION 7) OF FARM LEEUWEKLOOF NUMBER 53
   SITUATED IN THE MUNICIPALITY AND DIVISION MOSSEL BAY
   WESTERN CAPE PROVINCE

   IN EXTENT 21,4133 (TWENTY ONE COMMA FOUR ONE THREE THREE) Hectares

   from

   EDUARD LUDWIG REPPERT
   Identity Number 690620 5034 08 7
   Unmarried

   for the sum of R690 000,00 (Six Hundred and Ninety Thousand Rand), to take transfer thereof.

2. That MARY-ANNE FARNHAM in his/her capacity as a TRUSTEE be and is hereby authorised to sign the relevant documents which may be necessary for the registration of transfer thereof into the name of:-

   The Trustees for the time being of PRIYA FARM TRUST
   Registration Number IT000981/2022(C)

TRUSTEES	SIGNATURES
MARY-ANNE FARNHAM	
JAMES JOHANNES FARNHAM	
KAREN VAN NIEKERK	

TO BE SIGNED BY EACH AND EVERY TRUSTEE

Leads Conveyancing

1.2.4 BENEFICIARY or BENEFICIARIES refers to income or capital beneficiaries in so far as the reference to beneficiary or beneficiaries relates to the income or capital of the trust and shall include the following persons and trusts, namely:

1.2.4.1 **Income beneficiaries:** The beneficiaries who may benefit from the income of the trust in terms of the discretionary powers vested in the trustees, and which beneficiaries shall be selected from the ranks of:

(i) **The capital beneficiaries** as defined below;

(ii) ROXANNE SENEKAL
Identity Number 820708 0291 084

1.2.4.2 **Capital beneficiaries:** The beneficiaries on whom the trust capital will devolve during the currency of the trusts or on termination thereof in terms of the provisions of the trust deed, and which beneficiaries shall be selected by the trustees in their discretion from the ranks of:

(i) MIRA SHARLA SENEKAL

ID: 110103 0575 08 3

(ii) The legal descendants of the beneficiary referred to above;

(iii) Any trust created in any country for the benefit of any beneficiary or group of beneficiaries referred to in this paragraph 1.2.4.2 (i) and (ii);

NB. Regs for negative impacts

1.2.5 TRUST PROPERTY means:

(a) the donation referred to in paragraph 3 hereafter; and

(b) any other assets or rights which the trustees, in their capacity as such, may acquire with respect to donations, bequests or property acquired in any other manner or from whatever source.

1.2.6 TRUST FUND or TRUST CAPITAL means the capital of the trust, consisting of the trust fund, any capital gain realised on the trust property and including any part of the net income

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000579306

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. * 066 565 3225 — Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * prana.rs.love@gmail.com — If possible, please provide a personal email, not a company email.

Title * MS | Initials * R | Surname * SENEKAL

Street PRIYA FARM | City

Suburb | Area Code LEEUKLOOF

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 * 11 - 02 - 2026

Date of Implant * 17 - 12 - 2025

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

Name of Vet who implanted the Chip KAY IGUERS

PET DETAILS

Pet Name Raven | Date of birth 2025

Species * CANINE | Breed * BOERBOEL X

Colour BLACK | 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