# ADOPTION CHECKLIST

ADMISSION NO: MBY 9558

CONTRACT NO: MA 0296

- [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 992003000579260

11/02/26.

**Adoptee INFO:**

Name & Surname Jackie Barnard

Contact INFO: 0749913995

Completed by: _____ Date: 30/01/2026

Manager: _____ Date: 30/01/2026

| 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.*

# MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

**MICROCHIP NUMBER**

992003000579260

**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. * 0796913995

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

E-mail * aquapivie33@gmail.com

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

Title * Initials * Surname * Barnard

Street aquapivie33@gmail.com City

Suburb Danabay Area Code

Country Province Danabay

Phone - Day time Phone - Night time

**OTHER CONTACTS**

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

**CHIP DETAILS**

Registration Date *

Date of Implant * 30 - 01 - 26

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

Name of Vet who implanted the Chip KAY IEVERS

**PET DETAILS**

Pet Name Date of birth

Species * CANINE Breed * X BREED

Colour BROWN Markings

Gender Male (Female) Sterilised Yes (No)

**KENNEL UNION OF SOUTH AFRICA (KUSA)**

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

**MEDICAL**

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said Veterinarian and / or it's office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal information to VIRBAC (Supplier of the Chip), in order for Virbac to lodge the clients personal information on their database for tracking purposes. The client also agrees that where other relevant institutions need to trace a lost animal, and they use that code on Virbac's website they will be given the personal information of the owner of said animal. The client also agrees that his / her personal information may be used by Virbac to forward him / her a Newsletter as well as to send him / her general information concerning pets. The client acknowledges that he / she has a right to object to the processing of its personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____

**REGISTRATION PROCESS - Please use one of the following option to register on the backhome database**

| | |
|---|---|
| 1. On-line | Log onto www.backhome.co.za. Complete the registration process. |
| 2. By fax | Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364 |
| 3. By e-mail | Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za |
| 4. By App | Download the Virbac Backhome Africa App |

# ANNEXURE A

## Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: David J. Head
   - Contact Number: 0728576622
   - Email Address: head.daniel35@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Lynn Barnard
   - Contact Number: 0817725500
   - Email Address: \

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? NA
   - Where? NA
   - 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: 30/1/26

ADMISSION No. MA0206
TOELATINGSNR.

# ADOPTION CONTRACT

Garden Route

| DOG / CAT | Breed | Male/Female? |
|---|---|---|
| Microchip and or ID Tag Numbe | | 992003000579260 |

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 | |
|---|---|---|---|
| kroskyfie 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 di 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 va wreedheid of verwaarlosing van enige dier nie.*

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

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

ID/PASSPORT No.: 8202150053084
ID/PASPOORT Nr.:

HOME ADDRESS: 66 Plenostreet Danabey
WOONADRES:

(B):
(W):

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

FAX No:
FAKS Nr:

CELL No: 0716913995
SELFOON Nr:

E-MAIL: qqapivie@gmail.com
E-POS.

ADOPTION FEE: R850
AANEMINGSVOOI:

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr 903
RECEIPT No.

VEHICLE REG No. CAW 24961
VOERTUIG REG Nr.

VEHICLE MAKE: Bajaro
VOERTUIG MAAK:

COLOUR: Gold
KLEUR:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING.

SIGNATURE
HANDTEKENING:

DATE / DATUM: 30/1/26

# Account Statement

## Plena Street 6 Dana Bay

01 February 2026 to 01 February 2026

SEEFF MOSSEL BAY
35
Kaap De Goede Hoop Ave.
Hartenbos
6520

**0446904477**
mariki.schutte@seeff.com

Mr Warwick Stephen Head

Plena Street 6
Dana Bay
Mossel Bay
Western Cape
6506

Created on 28 January 2026

| Date | Ref | Description | VAT | Billed | Paid | Balance |
|---|---|---|---|---|---|---|
| 2026-02-01 | | Opening balance brought forward | | | | 0.00 |
| 2026-02-01 | 49747551 | Rent for February 2026 | 0.00 | 16 500.00 | | 16 500.00 |
| 2026-02-01 | 49747557 | Handling fee | 19.57 | 150.00 | | 16 650.00 |
| 2026-02-01 | 50041140 | Municipal Billing | 0.00 | 1 625.26 | | 18 275.26 |
| | | | | **Balance Due** | | **18 275.26** |

### Lease Summary

| | |
|---|---|
| Lease End Date | 2026-11-30 |
| Current Rent | 16 500.00 |
| Deposit Balance | 16 559.65 |
| Interest Earned | 59.65 |

### Account Balance Summary

| | |
|---|---|
| Rent | 16 500.00 |
| Municipal | 1 625.26 |
| Handling Fee | 150.00 |
| **Total** | **18 275.26** |

### SEEFF MOSSEL BAY BANK ACCOUNT

| | |
|---|---|
| Account Name | REAL ESTATE MANAGEMENT LEADERS |
| Bank | ABSA |
| Branch Code / SWIFT | 632005 / ABSAZAJJ |
| Account | 4107706242 |
| **Payment Reference** | **SMB0748** |

: 9 9200 3000 5 7 9 2 6 ADMISSION NO MBY955$

# PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 30-1-'20 TIME: 14:58

NAME OF APPLICANT: Jackie Barnard

ADDRESS: 6 E. Plena, Danabaai

HOME TEL No: CELL No:

ANIMAL(S) ADOPTING:

SEX: AGE:

**PRE- HOME INSPECTION:**

| PROPERTY DESCRIPTION | | | |
|---|---|---|---|
| Type and height of fence: wooden | | 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? | wooden gate |
| 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 | | None | | | |
| CONDITION | | | | | |
| WELFARE (good?) | | | | | |
| SEX & AGE | / | / | / | / | / |
| STERILISED | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ |

| OTHER INFORMATION / COMMENTS |
|---|
| Approved |

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ CATS
- ☒ SMALL DOGS
- ☒ MEDIUM DOGS
- ☐ LARGE DOGS

INSPECTED BY: Simone SPCA: Mossel Bay SIGNATURE:

**POST HOME INSPECTIONS**

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

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

located

# ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

| KENNEL No. K36 | | | | ADMISSION No. MBY9558 | | |
|---|---|---|---|---|---|---|
| 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 | 17/01/26 | Microchip or ID Tag number | | |

| DESCRIPTION & HISTORY | | | | | |
|---|---|---|---|---|---|
| (Dog) | Cat | Other species (Specify) | | | |
| Breed | X Breed | Colour and Markings | Brown | | |
| Condition | Poor | Sex | ♀ | Age | 3 weeks |
| Temperament | Good | Sterilisation details | NO | Name | |
| Coat S | Tail L | Teeth Condition Good | Ears Open | Size | Small |
| Area found / collected from | Tarka & puppies found on 26/01/26 | | | Date | 17/01/26 |
| Reason for surrender | | | | | |

| 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 | Nalia Street | | | |
| | Tarka | | | |
| Postal Address | N/A | | | |
| 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 / 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 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: _____

## MY OWNER

NAME: Jackie Barnard

POSTAL ADDRESS:

STREET ADDRESS: 6 E. Plana

Oanabay

HOME PHONE:

WORK PHONE:

CELL PHONE: 0790913995

SPECIFIED DETAILS:

## ME

SPECIES: CANINE

BREED: X BREED

COLOUR: BROWN

SEX: Female

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000579260

FEATURES/MARKS:

## NEXT VACCINATION DUE

| DATE | DATE | DATE |
|---|---|---|
| | | |

## I WAS VACCINATED ON

| DATE | VACCINE AND BATCH NO. | VET SIGNATURE |
|---|---|---|
| 10/01/26 | Nobivac® Puppy DP Plus Batch: A256B01 Exp.: 06-2027 + 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 |
|---|---|---|
| | 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 of disease-fighting antibodies in her milk.
Now it is up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® **DHPPi** (Reg. No. G2377 Act36/1947), Nobivac® **KC** (Reg. No. G2604 Act 36/1947), Nobivac® **Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), Nobivac® **Feline-HCP** (Reg. No. G3880 Act36/1947), Nobivac® **Tricat Trio** (Reg. No. G3712 Act 36/1947), Nobivac® **Rabies** (Reg. No. G2207 Act 36/1947), **Quantel® Tablets** (Reg. No. G2717 (Act 36/1947) Contains Praziquantel (isoqinoline) 50 mg/tablet and Fenbendazole (benzimdazole) 500 mg/tablet. **Exitel Plus** (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. **Exitel Plus XL** (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

Find us on Facebook.

MSD Animal Health

Nobivac®

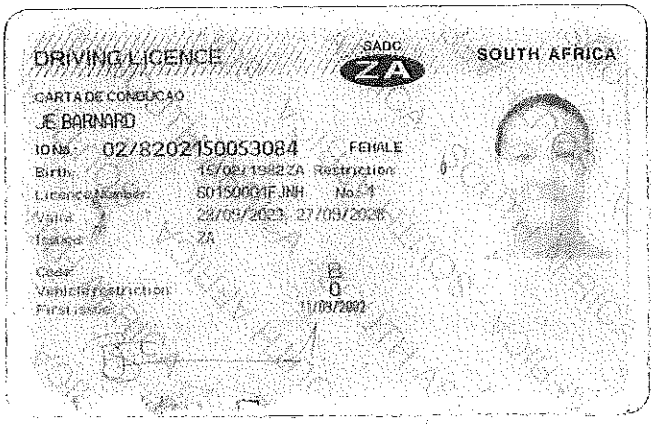
Quantel

Exitel Plus

Exitel Plus XL

BRAVECTO®

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



DRIVING LICENCE

SADC ZA

SOUTH AFRICA

CARTA DE CONDUCAO

JE BARNARD

ID No: 02/8202150053084 FEMALE

Birth: 15/02/1982 ZA Restriction: 0

Licence number: 6015000 1F JNH No: 1

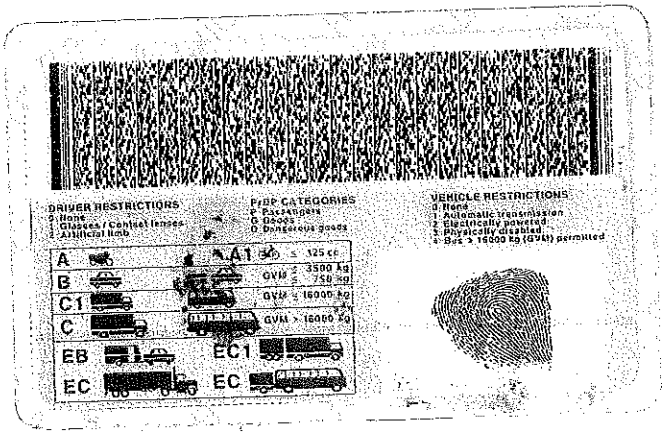
Valid: 28/09/2023 27/09/2028

Issued: ZA

Code: B

Vehicle restriction: 0

First issue: 11/09/2002



DRIVER RESTRICTIONS
0 : None
1 : Glasses / Contact lenses
2 : Artificial limb

PrDP CATEGORIES
P Passengers
G Goods
D Dangerous goods

VEHICLE RESTRICTIONS
0 : None
1 : Automatic transmission
2 : Electrically powered
3 : Physically disabled
4 : Bus > 16000 kg (GVM) permitted

A — A1 ≤ 125 cc
B — GVM ≤ 3500 kg, 750 kg
C1 — GVM ≤ 16000 kg
C — GVM > 16000 kg
EB — EC1
EC — EC

# STERILISATION CONTRACT

**PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT**

CONTRACT No. MA0206 DATE: 30/01/26

between Mosselbay SPCA

and 8202150053084
aquapixie33@gmail.com

Name Jackie Barnard

Address 6 Eliana Dr Dana Bay

Telephone Number/s (H) 0790913995 (B)

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

Animal's Name Sex Female Age 8 weeks

Description X Breed

On (due date) End March Adoption Form No.

on the understanding that you will arrange to have this done at the Mosselbay 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: _____