

ADOPTION CHECKLIST

ADMISSION NO:

~~1821~~ T 0949

CONTRACT NO:

MA 0334

- ☒ 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 August
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 01/07/26

Adoptee INFO:

Name & Surname Peter Smit

Contact INFO: 019 053 0812

Completed by: [Signature]

Date: 26/06/26

Manager: [Signature]

Date: 17/2026

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.

ADMISSION No.
TOELATINGSNR.

MA0334



Garden Route

DOG / CAT	Breed	Male/Female
Microch	992003000645629	

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: 44 B Haines Pekaar

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

CELL No:
SELFPOON Nr: 079 053 0812

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

ADOPTION FEE:
AANEMINGSVOOL: R850

VEHICLE REG No.
VOERTUIG REG Nr: CBS 76690

SIGNATURE
HANDTEKENING: [Signature]

DATE / DATUM: 25 / 6 / 26



Garden Route

HOND / KAT	Ras	Manlik/Vroulik
Mikroskyfie en of ID nSkyfie Nommer:		

UITPLASINGSKONTRAK

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.

- 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 tuiste 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 vasgeketter 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 rekbandjies mag vir katte gebruik word.
- My erf is behoorlik omhein 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 waghond 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 verwaarloos 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.

Pieter Smit

ID/PASSPORT No.: 8911025107087
ID/PASPOORT Nr: 8911025107087

(B):
(W):

FAX No:
FAKS Nr:

DONATION: KWITANSIE Nr
DONASIE: RECEIPT No.

VEHICLE MAKE: KIA COLOUR: wit
VOERTUIG MAAK: KLEUR:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING: [Signature]

Re+ric
x Factory

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): Mnr Pieter Smit

HOME ADDRESS: Hannes Pienaar 44 B - Bayview - Mosselburn
6500

ID NO.: 891102 5107 087

POSTAL ADDRESS: "

TEL NO (H): - (B): -

CELL NO: 079 053 0812 FAX NO: -

EMAIL: seesigtaindienste@gmail.com

Address where animal will be kept: Home address

Occupation: Self-Employed

Do you own or rent your property: Rent Do you have consent from owner / Body Corporate? Yes

Are you a student with consent to keep pets: YES/NO

Reason for wanting animal: Children

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? Rotwylor

Can you afford private fees? Yes Who is your vet? Haroldus Houwels / Vet.

How many animals live on the property? DOGS? 0 CATS? 2 OTHERS -

What are the sexes of your animals? DOGS: Male - Female 2 CATS: Male - Female -

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 0 CATS? 2 OTHER? -

Which animals do you still have, and what happened to the others? 2 katte

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

Full description of the fencing and gate: Wooden fence Height: 1m

What shelter is provided: OUTDOORS - KENNEL - OTHER Huis

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

Pre Home Inspection Fee: R100 Receipt No: paid

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 22/6/26



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
SMIT
Names:
PIETER GABRIEL
Sex:
M
Nationality:
RSA
Identity Number:
8911025107087
Date of Birth:
02 NOV 1989
Country of Birth:
RSA
Status:
CITIZEN



Signature:



[Handwritten signature]

Date of Issue:
26 AUG 2016

102817471



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 80

17.3 In the event of the Lessor having cancelled this lease justifiably but the Lessee remaining in occupation of the Premises, with or without disputing the cancellation, and continuing to tender payments of rent and any other amounts which would have been payable to the Lessor but for the cancellation, the Lessor may accept such payments without prejudice to and without affecting the cancellation, in all respects as if they had been payments on account of the damages suffered by the Lessor by reason of the unlawful holding over on the part of the Lessee.

18 NEW TENANTS AND PURCHASERS

The Lessee shall at all reasonable times, during the Lease Period, allow prospective purchasers or tenants of the Premises to enter and view the entire (including interior and exterior) Premises.

19 MISCELLANEOUS

19.1 Domicilium and Notices

19.1.1 The Parties choose domicilium citandi et executandi for all purposes of giving any notice, the payment of any sum, the serving of any process and for any other purpose arising from this Agreement, the following addresses:

19.1.1.1 The Lessor: **44B Hannes Pienaar, Bayview, Hartenbos,**

6520 / jmbergh@yahoo.co.uk

19.1.1.2 The Lessee: Pieter & Enya Smith

19.1.2 Each of the Parties shall be entitled from time to time, by written notice to the other, to vary its domicilium to any other physical address and / or its facsimile number.

19.1.3 Any notice given and any payment made by any Party to the other which is

19.1.3.1 delivered by hand during normal business hours of the addressee's domicilium for the time being or email, shall be presumed to have been received by the addressee at the time of delivery;

19.1.3.2 transmitted by registered post shall be deemed to have been received by the Party to whom it is addressed within 7 days from the date of dispatch.

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000645629

VETERINARY PRACTICE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

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

PET OWNER INFORMATION

Cell No. * 079 053 0810

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

E-mail * see@igtuindienst@gmail.com If possible, please provide a personal email, not a company email.

Title * MR

Initials * P

Surname * SMIT

Street 44 B Hannes Pienaar

City

Suburb

Area Code Bayview

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 * 01 - 07 - 2026

Date of Implant * 26 - 06 - 2026

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

Name of Vet who implanted the Chip RAY LEUERS

PET DETAILS

Pet Name Pepsi

Species * CANINE

Colour BLACK + TAN

Gender Male ☒ Female

Date of birth

Breed * ROTTWEILER

Markings

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



ADMISSION NO

T0949

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 26/06/16

TIME: 14:10

NAME OF APPLICANT: Pieter Smit

ADDRESS: 44 B Hannes Piensaar Straat, Bayview

HOME TEL No: CELL No: 079 053 0812

ANIMAL(S) ADOPTING: Rottweiler

SEX: ♀ AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	Vibrock Zener		
Suitable shelter? (i.e. Kennel in protected area)	YES ☐ / NO ☒	Suitability of fence (i.e. small pets can't escape):	
Is the front yard separated from the back?	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☐
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	If yes, what partitioning?	
Does applicant live at the address?	YES ☒ / NO ☐	Specify:	
		How many animals are on the property?	2

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	Jacky	Black			
CONDITION	DSH	DSH			
WELFARE (good?)	Good	Good			
SEX & AGE	♀ 1 years	♀ 1 years	1	1	1
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



CATS

MEDIUM DOGS

SMALL DOGS

LARGE DOGS

INSPECTED BY: KMT

SPCA: Mestelby

SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : Enya N Smit
- Contact number : 071 338 7081
- Email address : seesytalindienke@gmail.com

2. Additional family member/friend details

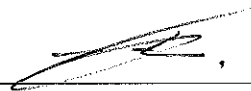
- Full name : _____
- Contact number: _____
- Email address : _____

3. Precious SPCA Adoption

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

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

Signature



Date

25/6/26.

MY OWNER

NAME **Peter Smie**

POSTAL ADDRESS

STREET ADDRESS **445 Hanes Penar**

Bayview Mosselbay

HOME PHONE

WORK PHONE

079 053 0812

BREEDER DETAILS

ME

CANINE

ROTTWEILER

Black + Brown

Female



992003000645629

NEXT VACCINATION DUE

DATE DATE DATE

10/07/26

I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE

12/06/26

Lot: A267801
Exp: 11-2027

[Signature]

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

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Animal Health

MSD
Animal Health

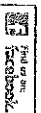
MSD
Animal Health

MSD
Animal Health

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.

My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk. Now it is up to you to keep my vaccinations up to date as advised by my vet.

Nobivac[®] DHPPi (Reg. No. G2377 Act 36/1947), Nobivac[®] KC (Reg. No. G2804 Act 36/1947), Nobivac[®] Canine-1 DAPPV (Reg. No. G3692 Act 36/1947), Nobivac[®] Feline-HCP (Reg. No. G3860 Act 36/1947), Nobivac[®] Treat 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 (isoginoline) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet, Exitel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 144 mg pyrantel embonate) and Fenbendazole 500 mg, Exitel Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 525 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

KENNEL No. <u>Ka 37</u>					ADMISSION No. <u>T 0949</u>	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	<u>10/06/26</u>		Time In	<u>11:00</u>	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>10/06/26</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>10/06/26</u>	Microchip or ID Tag number		

DESCRIPTION & HISTORY	Dog	Cat	Other species (Specify)			
	Breed	<u>Rondloper</u>	Colour and Markings <u>Black & Brown</u>			
	Condition	<u>Few</u>	Sex	<u>Female</u>	Age	<u>3 months</u>
	Temperament	<u>Fair</u>	Sterilisation Details	<u>NO</u>	Name	
	Coat	<u>S</u>	Tail	<u>h</u>	Teeth Condition	<u>Good</u>
			Ears	<u>Down</u>	Size	<u>Small</u>
	Area found / collected from					Date
	Reason for surrender					

ASSESSMENT		
GOOD WITH:	YES	NO
Children		
Cats		
Other dogs		
Livestock / Other		
DO THEY:		
Jump Fences		
Run Away		
COMMENTS:		

Surrendered by	☒ Name	<u>Liesl du Preez</u>
Found by		
Residential Address	<u>4919 Bako Street</u>	
	<u>ASIA</u>	
Postal Address	<u>NONE</u>	
Tel (H)	<u>NONE</u>	Tel (W) <u>NONE</u> Cell <u>0717261650</u>
Email	<u>NONE</u>	
Donation R	<u>NONE</u>	Cash Card EFT (Receipt No.) <u>NONE</u>

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: NONE Case No: NONE Inspector: NONE

STATEMENT OF SURRENDER

I do hereby certify that I DO / DO NOT own the animal/s described above, that IT IS / IT IS NOT DO / DO 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 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 amtenare, 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 first Applicant	Details of second Applicant
	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐

On Date: _____

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met die dien verstande dat die Vereeniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereeniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteryliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

Tel No (h): _____ Tel No (w): _____ Cell No: _____

Postal Address: _____

Email Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID tag	 992003000645629	Date <u>26/06/26</u>
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MEDICAL RECORD

Date	Remarks	Treatment	Cost
12/06/26	Vaccination + milpre		

PTS APPROVAL

NAME	SIGN



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0334DATE: 26/06/2026

between Mossel Bay SPCA
and eesigtwindienst@gmail.com
8911025107087

Name Pieter SmitAddress 44 B Hannes Pieterse Str, BayviewTelephone Numbers (H) 079053 9812 (B)to have spayed / neutered / vasectomised (delete whichever is not applicable):Animal's Name _____ Sex Female Age 12 weeksDescription RottweilerOn (due date) August Adoption Form No. MA 0334

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

