

ADOPTION CHECKLIST

ADMISSION NO:

MBY 11034

CONTRACT NO:

MA0331

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-Home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract Done 26/06/2026
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 01/07/26

Adoptee INFO:

Name & Surname Mrs Van Zyl

Contact INFO: 079 936 7107



992003000645522

Completed by: [Signature]

Date: 26/06/2026

Manager: [Signature]

Date: 15/7/26

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.

MA0331



ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male / Female
Mic	992003000645522	

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/Mvrl/Mej (Insluitende voorletters):

HOME ADDRESS
WOONADRES: 48 Saepdijelaan, Tergniet

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

CELL No:
SELFOON Nr: 079 036 7107

E-MAIL:
E-POS: vanzy1anneke@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850 cash / left / card
kontant / left / kaart

VEHICLE REG No.
VOERTUIG REG Nr: CBS 52104

SIGNATURE
HANDTEKENING: AB

DATE / DATUM: 26/6/26



Garden Route

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

UITPLASINGSKONTRAK

Hierdie diër is aan u oorhandig met die vertroue dat u die diër 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n diër gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie diër 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 familieledes stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- Indien ek om enige rede nie langer die diër 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 diër te hou nie sal ek nie besit van die diër 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 diër 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 diër.
- Ek sal die diër '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 diër te versorg en te huisves na die Vereniging se tevredenheid.
- Ek sal nie die diër vasketting of gehok hou nie, en aanvaar dat indien die diër wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
- Ek kan die dienste van 'n private veeartsnykundige bekostig.
- Ek onderneem om die diër 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 diër siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die diër 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 diër gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my diër 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 diër 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 diër wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die diër in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die diër gebruik of toelaat dat die diër 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 diër 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 diër nie.

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

ID/PASSPORT No.:
ID/PASPOORT Nr.: 78 0805 002 4081

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: KWITANSIE Nr: 10129
RECEIPT No.

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

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

SIGNATURE OF APPLICANT [Signature] Date of application 20/6/26

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

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

2. Additional family member/friend details

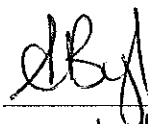
- Full name : Johanna Maria vd Linde
- Contact number: 082 372 3532
- Email address : hannie@yphoo.com

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

26/6/24

MICROCHIPPED ANIMAL REGISTRATION FORM



992003000645522

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 079 036 7107

E-mail * vanzyllanneke@gmail.com

Title * MRS

Initials * A

Street 48 Seepersdijie laan

Suburb

Country

Phone - Day time

OTHER CONTACTS

Title *

Initials *

Cell No. *

Title *

Initials *

Cell No. *

Title *

Initials *

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 KAY LEVERS

PET DETAILS

Pet Name

Species * CANINE

Colour BLACK + WHITE

Gender Male ☒ Female

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

PROTECTION OF PERSONAL INFORMATION LAW

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

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

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

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

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

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

Surname * VAN ZYL

City

Area Code Teyateyan

Province

Phone - Night time

Surname *

Surname *

Surname *

Date of birth

Breed * JR X WIREHAIR

Markings

Sterilised ☒ Yes ☐ No

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>K188 35</u>		ADMISSION No. <u>ADPT 0114</u>				
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>25/05/26</u>	Time in			Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	<u>Yes</u>	Lost & Found Date checked	<u>25/05/26</u>
Microchip/Collar or ID tag found	<u>Yes</u>	Date scanned or checked	<u>25/05/26</u>	Microchip or ID Tag number	<u>None</u>	

DESCRIPTION & HISTORY	Dog	Cat	Other species (Specify) <u>B/I</u>			
	Breed	<u>Wire hair</u>		Colour and Markings <u>Black & white</u>		
	Condition	<u>Fair</u>		Sex	<u>♀</u>	Age <u>2 year</u>
	Temperament	<u>friendly</u>		Sterilisation details	<u>No</u>	Name <u>Masha</u>
	Coat <u>M.</u>	Tail <u>L</u>	Teeth Condition <u>Fair</u>	Ears <u>Down</u>	Size <u>M.</u>	
	Area found / collected from <u>Kwa.</u>					Date <u>25/05/26</u>
	Reason for surrender <u>To energetic.</u>					

ASSESSMENT		Surrendered by		Name		<u>SAKHE DUNGULU</u>	
GOOD WITH:		Yes	No	Found by			
Children				Residential Address		<u>45 STOFIE STREET</u>	
Cats						<u>LWA NONGABA Tde laan</u>	
Other Dogs				Postal Address		<u>No postal.</u>	
Livestock/Other				Tel (H) <u>No num</u>		Tel (W) <u>No num</u>	Cell <u>0786048916</u>
DO THEY:	Yes	No	Email		<u>No email.</u>		
Jump Fences			Donation R <u>N/A</u>		Cash	Card	EFT (Receipt No.) <u>N/A</u>
Run Away							

COMMENTS:

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

STATEMENT OF SURRENDER

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 hierbo beskryf BESIT / NIE BESIT NIE, dat dit 'n RONDLOPER / NIE RONDLOPER NIE is, en dat ek WEEET / NIE WEEET waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdruklik ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. Sien ook die "Voorwaardes" op die agterblad.

Signature	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 / Eienaar hereby transfers all ownership rights to the animals 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.
1. Die Eienaar / Owner ooreenkomstig oorgawe van alle eiendomsreg in die diere, beskryf die keerse, ten gunste van die D&V om mee te beskik volgens hul uitsoeklike diskresie met dien verstande dat die Vereniging sal poeg 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. 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.
2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierbeskermingswet) '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 Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.
3. Any charges endorsed hereon are due and payable on request.
3. Enige koste hierop onderskryf is verstoelrig en betaalbaar op aanvaag.
4. The Society will not house any animal unsterilised.
4. Die Vereniging sal geen dier plaas wat ongesteëliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature	Witness for Society signature
Reason for Euthanasia	

Euthanasia 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: _____

E-mail 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 _____

Microc and ID	 992003000645522
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Date 26/06/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost

PTS APPROVAL

NAME	SIGN



ADMISSION NO

MBY11034

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES ☐ NO

DATE UNDERTAKEN: 24/06/26

TIME: 13:21

NAME OF APPLICANT: Mrs van Zyl

ADDRESS: Seepersdijelaan 48, Bergvliet, Grootbrak

HOME TEL No: CELL No: 079 036 7107

ANIMAL(S) ADOPTING: JR x wirehair "Marsha"

SEX: ♀ AGE: 2 YRS

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Vloerwaaier 2 meter		Suitability of fence (i.e. small pets can't escape):	
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					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Big back space.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS
☒ MEDIUM DOGS
☒ SMALL DOGS
☒ LARGE DOGS

INSPECTED BY: keert

SPCA: Russellby

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME Mrs Van Zyl

POSTAL ADDRESS

STREET ADDRESS 48 Seepedjelaan

Tergniet, Groenbrak

HOMEPHONE

WORK PHONE

TELEPHONE 0790367107

BREEDER DETAILS

ME

SPECIES CANINE

BREED JR WIRE HAIR

COLOUR WHITE & BLACK

SEX Female

DATE OF BIRTH 07 April 2024

MICROCHIP TATTOO 992008000645522

FEATURES/MARKS

NEXT VACCINATION DUE

DATE

DATE

DATE

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE



One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases. My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk. Now it's up to you to keep my vaccinations up to date as advised by my vet.

Nobivac® DHPPi (Reg. No. G3377 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3392 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3850 Act 36/1947), 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 (isiquinolone) 50 mg/tablet and Fenbendazole (benzimidazole) 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. G4093 Act 36/1947) each crew contains 25 mg Fluralaner per kg body weight.

I WAS DEFORMED ON

DATE PRODUCT DATE PRODUCT

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

DOCTOR'S NAME

Dr. Rogele Theun

PRACTICE STAMP



Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Sportan Road, Sportan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msdafrica.com

VACCINE RECOMMENDED

Vaccination protects your pet against
DANGEROUS GERMS
that can be everywhere.



PET'S NAME

YOUR VET

Garden Route SPCA

Ossie Urban street
Tamsui Industria
George Branch

044 878 1990
082 378 7384

clining@grspca.co.za (Reception)
thea@grspca.co.za (Clinic Manager)

Consulting Hours

Monday - Friday: 09:00 - 16:00
Saturday, Sunday and Public Holidays closed

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
9/5/24	Triworm		
30/5/24	Milbemax		
26/08/26	Triworm D		



DEWORMING FOR HAPPY HEALTHY PETS

NOTE TO MY OWNER

Exite! Plus vaccines are prescribed by my veterinarian and administered every 2 weeks for under 12 weeks of age and every 3 months when a mother 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 in confirm the condition in 2 and 3 were met before the intended movement.

DATE

VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

DOCTOR'S NAME

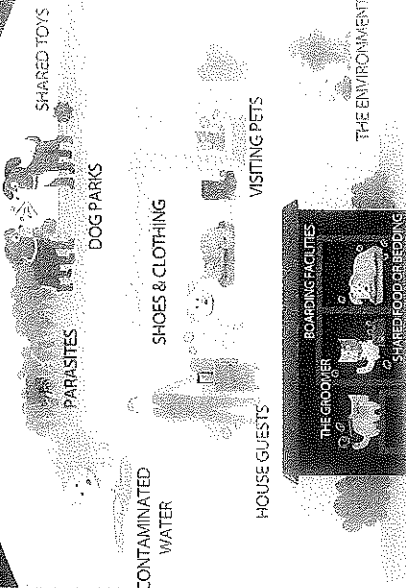
PRACTICE STAMP



Intervet South Africa (Pty) Ltd, Reg. No. 1991/006550/07
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

VACCINE RECORD CARD

Vaccination protects your pet against
DANGEROUS GERMS
that can be everywhere.



PET'S NAME

MY VET

MASHA

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761

theatrem@grspca.co.za

Consulting Hours

Monday & Wednesday: CLOSED

Tuesday & Thursday: 9:00 to 11:00 and 15:00 to 16:00

Friday – 12:00 to 16:00

Saturday, Sunday & Public Holidays: Closed

15:52

4G 95

← 7776-27-000...   **Mossel Bay**
MUNICIPALITEIT1/2 Y
MOSSELBAY MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

BTW REG. NO.

Naam:

VAN DER LINDE JM

Liggingsadres:

48 SEEPERDIJELAAN TERGNIETHOOGTE

BELASTING FAKTUUR MAANDELIKSE REKENING

REKENINGNOMMER: 27-000733-005-3

DATUM VAN REKENING: 21/05/2026

LAASTE KWITANSIE DATUM: 20/05/2026

VOORAFBETAALDE
METERNOMMER: 01077326039DIENSTE
DEPOSITO: 750.00ERF
NOMMER: 733000TOTALE
WAARDASIE: 1725000WYK
No: 4

DATUM	BESONDERHEDE	BEDRAG
	BALANS OORGEBRING	1260.94
20/05/2026 CLUN346	WATER 13/03/2026-15/04/2026	386.98 *
	4651 - 4665 (14 Kl 33 Dae)	
	BASIES 261.39	
	07/25 6.51 @ 0.000 = 0.00	
	. 7.49 @ 10.030 = 75.12	
	VAT/BTW 50.47	
20/05/2026 0107732603	ELEKTRISITEIT	496.69 *
	BASIES 431.91	
	VAT/BTW 64.78	
20/05/2026 0107732603	50% Pens. Kortings	248.35 *
20/05/2026 321004	VULLIS	320.62 *
20/05/2026	BELASTING PAAIEMENT	309.40
	KWITANSIES	1260.00-
	Balans Oorgedra	0.28-
	BTW OP '*' ITEMS: 124.68 ACB TOT: 0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	1266.28	1266.00
Betaling moet voor of op die vervaldatum gemaak word		BETAALBAAR OP 15/06/2026		BEDRAG BETAAL 1266.00



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