ADOPTION CHECKLIST

ADMISSION NO: MBY 10879

CONTRACT NO: MA0330

- [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
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 09/07/26. 992003000650874

Adoptee INFO:

Name & Surname Barbara Botha

Contact INFO: 068 738 8484

Completed by: _____ Date: 06/07/26.

Manager: _____ Date: 15/7/2026

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

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. * 0 6 8 7 3 8 8 4 8 4 — Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications

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

Title * MRS — Initials * B — Surname * BOTHA

Street 102 Coldstream — City

Suburb — Area Code TSITSIKAMA

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 * 09 - 07 - 2026

Date of Implant * 06 - 07 - 2026

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name — Date of birth

Species * CANINE — Breed * GSD X

Colour BLACK + 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

ADMISSION No.
TOELATINGSNR. MA0330

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Mic	992003000650874		

This animal has been given 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. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV **terug** te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. Ek sal **nie die dier vasketting of gehok hou nie**, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private veeartsnykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met 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): Barbara Botha

HOME ADDRESS
WOONADRES: 102 Coldstream, Tsitsikama

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8207070086080

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

(B):
(W):

CELL No:
SELFOON Nr: 068 7389484

FAX No:
FAKS Nr:

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

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 19170

VEHICLE REG No.
VOERTUIG REG Nr: CAW 35158

VEHICLE MAKE:
VOERTUIG MAAK: Kia Picanto

COLOUR:
KLEUR: Silver

SIGNATURE
HANDTEKENING: Botha

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 06/07/2020

Georgia & Tony.

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): Mrs B Botha.

HOME ADDRESS: ~~Outeniqua Gamefarm~~ 102 Coldstream Tsitsikama ~~R328 Rutterbos~~ ID NO.: 8207070086080

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0873884484 FAX NO:

EMAIL: barbaraimmergroen@gmail.com

Address where animal will be kept: ~~Outeniqua Gamefarm Joubert~~

Occupation: Homecare Agency

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: We want more family members

Is the animal for yourself? For me and my kids 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? Dog

Can you afford private fees? Yes Who is your vet? Strandloper Diereklinieke

How many animals live on the property? DOGS? ~~8~~ 0 CATS? 0 OTHERS

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

Are all your animals sterilised? Give details NA

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

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

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

Full description of the fencing and gate: Height:

What shelter is provided: OUTDOORS KENNEL OTHER ✓

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

Pre Home Inspection Fee: R100.00 Receipt No: MBY 10116

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 B Botha **Date of application** 17/6/26

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details
   - Full name : N/A.
   - Contact number : _____
   - Email address : _____

2. **Additional family member/friend details**
   - Full name : Landi
   - Contact number: 076 414 7822.
   - Email address : jolandalandi1154@gmail.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 06/07/2026.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BOTHA
Names:
BARBARA
Sex:
F
Nationality:
RSA
Identity Number:
8207070086080
Date of Birth:
07 JUL 1982
Country of Birth:
RSA
Status:
CITIZEN

Signature

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 60

Date of Issue
30 JUN 2017

104867817

9920030006 50874.

DBV SPCA

ADOPTION No: MA0330

ADMISSIO: MBV10879

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN: 4 July 2016 TIME: 14 17

NAME OF APPLICANT:

ADDRESS: 102 Colosseum Tuskenraven

HOME TEL No: CELL No: 0068 136 8484

ANIMAL(S) ADOPTING:

SEX: AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence:		Height of fence:	
Any sign of Kennel/Shelter?	YES ☑ / NO ☐	Any sign of Chain/Runner?	YES ☐
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?	

Fencing is high (1.8m)

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	
BREED	Boss				
SEX	Female				
AGE	3 10years				
STERILIZED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐

OTHER INFORMATION / COMMENTS

Sometimes baboon come into yard, but actions are being

APPROVED FOR THE FOLLOWING ANIMALS:

- ☐ DOGS
- ☐ DOGS
- ☐ GS
- ☐ CATS
- ☐ EQUINE
- ☐ OTHER (specify)

With food

SPCA: SIGNATURE:

RESULT	REMARK	BY WHOM

RAM OF PROPERTY ON REVERSE OF THIS PAGE

KOUKAMMA

uMasipala. Munisipaliteit. Municipality

Tel: 042 288 7200| Fax: 042 288 0797
Email: Koukamma@koukamma.gov.za
Website: www.koukammamun.co.za
Nos. 5 Keet Street, Kareedouw, 6400| Private Bag X011, Kareedouw, 6400

All correspondence must be addressed to the Municipal Manager **Our Ref :** **Enquiries :**

Office of the Ward Councillor

PROOF OF RESIDENCE

I, Nomathamsanqa Majola – Ward Councillor for Ward 6

hereby declare that ....Barbara Botha.....

ID Number: ....8207070086080.....

is residing at : ....102 Coldstream.....

....Tsitsikama.....

.....

.....

.....

.....

NB: Please tick the applicable/ relevant district for the Koukamma Local Municipality resident receiving the proof of residence in the Municipality.

WARD 6 – 21009006		TICK
Coldstream	VD Number – 10400016	✓
Sandrif/ Nompumemelelo Village	VD Number – 10400027	
Stormsriver	VD Number – 10400061	
National Park	VD Number – 10400128	

Nomathamsanqa Majola
House 272 Stormsriver 6308

26 MAY 2026

Cell: 083 218 7690
Ward 6

KOUKAMMA MUNICIPALITY

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA Garden Route

KENNEL No.	K 830			ADMISSION No.	MBY10879	
Stray (circled)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	16/04/26		Time in	16:00	Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	X Yes / No	Lost & Found Date checked	16/04/26
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	16/04/26
Microchip or ID Tag number	None		

DESCRIPTION & HISTORY

Dog (circled)	Cat	Other species (Specify)	3kg		
Breed	Collie x / German Shepherd	Colour and Markings	Brown		
Condition	Good	Sex	♂	Age	Juvenile
Temperament	Friendly	Sterilisation details	None	Name	—
Coat long	Tail long	Teeth Condition good	Ears up	Size	small
Area found / collected from	EXT 13			Date	16/04/26
Reason for surrender	Stray				

ASSESSMENT

GOOD WITH:	Yes	No
Children	X	
Cats	X	
Other Dogs	X	
Livestock/Other		
DO THEY:	**Yes**	**No**
Jump Fences		/
Run Away	/	

COMMENTS: CIDL08282 Stray Picked up

Surrendered by / Found by	X	Name	Kier Remas		
Residential Address	Robson Dr EXT 13				
Postal Address	none				
Tel (H) none	Tel (W) none	Cell 0722571761			
Email	none				
Donation R none	Cash	Card	EFT	(Receipt No.)	None

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: Kier

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 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	Kier	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: ____________

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 o die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging 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 to 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 Vereniging 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 ongesteriliseer 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: _____

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 _____

Microchip / Collar and ID tag given		Yes	Microchip / ID tag details
		No	

Date _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
22/04/2026	vaccination + Trivacan D		
26/05/2026	vaccination + Trivacan D		
2/7/2026	CH: Routine Sterl.		

PTS APPROVAL

NAME	SIGN

MY OWNER

NAME	Barbara Botha
POSTAL ADDRESS	
STREET ADDRESS	102 Coldstream
	Tsitsikama
HOME PHONE	
WORK PHONE	
CELLPHONE	068 7388484
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	GSD X
COLOUR	Black + Brown
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000650874
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
22/04/26	Nobivac® Puppy DP PLUS Batch: A267B01 Exp.: 11-2027	[signature]
26/	Sec: 02131833A Exp: 09-JAN-2027	[signature]

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 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.

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
22/04/26	Triworm		
26/05/26	Triworm		

Quantel
Extel Plus Extel Plus XL
DEWORMING FOR HAPPIER HEALTHIER DOGS.

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 [signature]

DATE 01-07-2026

DOCTOR'S NAME Dr. A. Muller

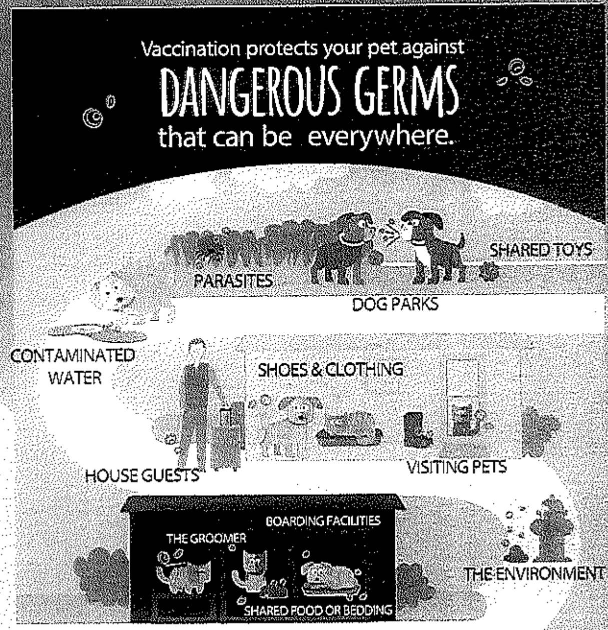
Garden Route SPCA

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, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA
Garden Route

KENNEL No. K 830				ADMISSION No. MBYE 10879		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 16/4/26			Time in 16:00	Date for release		

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	16/4/26
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked 16/4/26	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify) Steer		
Breed Kolie x Kromfohrl		Colour and Markings Brown		
Condition Good		Sex ♂	Age Juvenile	
Temperament Friendly		Sterilisation details None	Name —	
Coat long	Tail long	Teeth Condition Good	Ears up	Size small
Area found / collected from Ext 13				Date 16/04/26
Reason for surrender Stray				

ASSESSMENT

GOOD WITH:	Yes	No
Children	✓	
Cats	✓	
Other Dogs	✓	
Livestock/Other		
DO THEY:	**Yes**	**No**
Jump Fences		✓
Run Away		✓

COMMENTS:

Child friendly Stray picked up

Surrendered by / Found by ✓	Name Kerr Renaud				
Residential Address	Roman Rd Ext 13				
Postal Address	none				
Tel (H) None	Tel (W) none	Cell 0722177761			
Email none					
Donation R none	Cash	Card	EFT	(Receipt No.) none	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: Kerr

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 Kerr	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: _____

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 o die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging 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 Vereniging 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 ongesteriliseer 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: _____

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 _____

Mic anc 992003000650874 _____ Date 06/07/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
22/04/2026	vaccination + Trivecom D		
26/05/2026	vaccination + Trivecom D		
2/7/2026.	CA: Routine Stert.		

PTS APPROVAL

NAME	SIGN