# ADOPTION CHECKLIST

ADMISSION NO: MBY 10375

CONTRACT NO: MAG327

- [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 19/06/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 01/07/26. 992003000645525

Adoptee INFO:

Name & Surname Mr GD Andrews

Contact INFO: 0678055468

Completed by: _____ Date: 19/06/2026

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.*

**ADMISSION No.**
**TOELATINGSNR.** MA0327

# ADOPTION CONTRACT

Garden Route

| DOG / CAT | Breed | Male/Female | |
|---|---|---|---|
| Microchip # | 992003000645525 | | |

This animal ... 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): GD Andrews

HOME ADDRESS
WOONADRES: 2 Robertson Street Riversdale

ID/PASSPORT No.:
ID/PASPOORT Nr.: 9203165163081

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

(B):
(W):

CELL No:
SELFOON Nr: 067 805 5468

FAX No:
FAKS Nr:

E-MAIL:
E-POS. grantd.andrews@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 10108

VEHICLE REG No.
VOERTUIG REG Nr. CY271-547

VEHICLE MAKE:
VOERTUIG MAAK: Ford everest

COLOUR:
KLEUR: grey

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 19/06/2026

Black, white chest.

# 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): Mr GD Andrews

HOME ADDRESS: 2 Robertson Street, Riversdale, 6670

ID NO.: 9203165168081

POSTAL ADDRESS: As above

TEL NO (H): _____ (B): _____

CELL NO: 067 805 5468 FAX NO: _____

EMAIL: GrantD.Andrews@Wedgmail.com

Address where animal will be kept: As above

Occupation: Bank clerk

Do you own or rent your property: Owns Do you have consent from owner / Body Corporate? NO

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

Reason for wanting animal: Company

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? X bread.

Can you afford private fees? yes Who is your vet? Riversdale Vet

How many animals live on the property? DOGS? none CATS? none OTHERS _____

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

Are all your animals sterilised? Give details _____

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: Walls Height: 1,5m

What shelter is provided: OUTDOORS _____ KENNEL X OTHER _____

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

Pre Home Inspection Fee: R100 Receipt No: 10092

**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** GD Andrews **Date of application** _____

Backhome

Virbac

# MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

Microchip Number

992003000645525

**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 * 067 805 5468 Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications

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

Title * MR Initials * GD Surname * Andrews

Street 2 Robertson Street City

Suburb Area Code Riversdale

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 - 06 - 2026

Date of Implant * 18 - 06 - 2026

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

Name of Vet who implanted the Chip KAY IEVERS

## PET DETAILS

Pet Name SKYE Date of birth

Species * CANINE Breed * XBREED

Colour BLACK Markings

Gender Male (Female) Sterilised (Yes) No

## KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

## MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

**PROTECTION OF PERSONAL INFORMATION LAW**

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

1. **Spouse details**
   - Full name : Chandra Andrews
   - Contact number : 0748546261
   - Email address : Chandralee beukes@gmail.com

2. **Additional family member/friend details**
   - Full name : Edna Beukes
   - Contact number: 0843007123
   - Email address : —

3. **Precious SPCA Adoption**
   - Have you previously adopted from SPCA (Yes/No) 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 CAndrews

Date 19/06/2026


19/06/2026

Mr Grant Daniel Andrews
2
Robertson Street
Riversdale
South Africa
06670

19 June 2026

Dear Sir/Madam

**Confirmation of Account details**

Nedbank confirms the following account details:

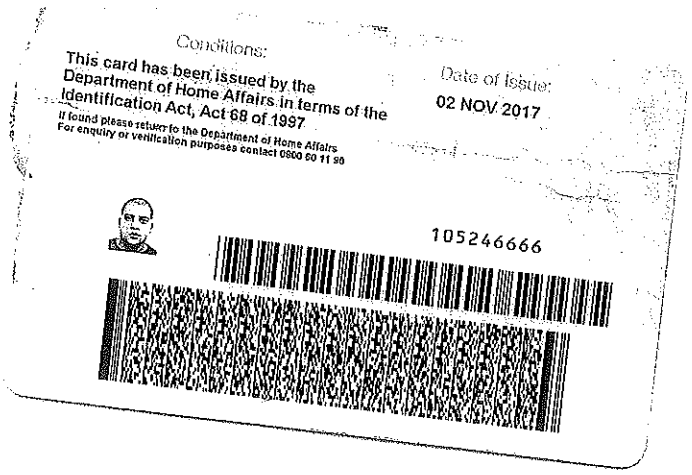
| | |
|---|---|
| Account holder: | Mr Grant Daniel Andrews |
| Account number: | 1344192807 |
| Type of account: | Current Account |
| Account opened date: | 17 June 2026 |
| Branch code: | 198765 |
| Swift code: | NEDSZAJJ |

Yours faithfully,

Nedbank Retail

**Nedbank headoffice**

**Nedbank 135 Rivonia Campus 135 Rivonia Road Sandown Sandton Gauteng 2196 South Africa | PO Box 784088 Sandton 2146 South Africa T +27 (0)11 294 4444 F +27 (0)11 295 0000**



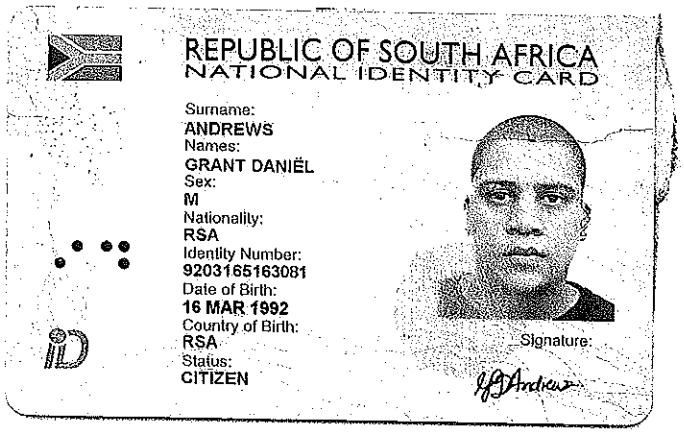
Conditions:

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

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

Date of Issue:
02 NOV 2017

105246666



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
**ANDREWS**
Names:
**GRANT DANIËL**
Sex:
**M**
Nationality:
**RSA**
Identity Number:
**9203165163081**
Date of Birth:
**16 MAR 1992**
Country of Birth:
**RSA**
Status:
**CITIZEN**

Signature:

99200300064552 5

DBV SPCA

ADOPTION No MA 0327

ADMISSIO MBY 10375

# PRE AND POST HOME INSPECTION FORM

PASSED: (YES) / NO

DATE UNDERTAKEN: 11/06/2026 TIME: 16:00

NAME OF APPLICANT: Grant Andrews

ADDRESS: 2 Robertson Street, Riversdale

HOME TEL No: _____ CELL No: 067 805 5468

ANIMAL(S) ADOPTING: x Breed, Black + White

SEX: Female AGE: 3-4 months

**PRE- HOME INSPECTION:**

| PROPERTY DESCRIPTION | | | |
|---|---|---|---|
| Type of fence: | | Height of fence: | |
| Any sign of Kennel/Shelter? | YES ☐ / NO ☒ | Any sign of Chain/Runner? | YES ☒ / NO ☐ |
| Is the front yard separated from the back? | YES ☒ / NO ☐ | If yes, what partitioning? | ~~Galvinized 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? | None |

| DESCRIPTION OF ANIMALS ON PROPERTY | | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| BREED | | | | | |
| SEX | | | | | |
| AGE | | | | | |
| STERILIZED | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ |

**OTHER INFORMATION / COMMENTS**

~~Front Gate needs to be closed - opening to wide and dog will get through~~

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ **SMALL DOGS**
- ☐ **MEDIUM DOGS**
- ☐ **LARGE DOGS**
- ☐ **CATS**
- ☐ **EQUINE**
- ☐ **OTHER (specify)** _____

**INSPECTED BY:** Sandra Lotz **SPCA:** CARS **SIGNATURE:** S Lotz

**POST HOME INSPECTIONS**

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

**DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE**

New inclusion July 2013

# ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

| KENNEL No. | | | | ADMISSION No. | | |
|---|---|---|---|---|---|---|
| Stray | Surrender | Abandoned | Returned | Impounded | Confiscated | Request for euthanasia |
| Date in | 30/03/26 | | Time in | | Date for release | |

**IDENTIFICATION & LOST AND FOUND**

| Lost & Found checked | X | Yes | Lost & Found Date checked | 30/03/26 |
|---|---|---|---|---|
| | | No | | |

| Microchip/Collar or ID tag found | | Yes | Date scanned or checked | Microchip or ID Tag number |
|---|---|---|---|---|
| | X | No | 30/03/26 | none |

**DESCRIPTION & HISTORY**

| | | | | |
|---|---|---|---|---|
| Dog X | Cat | Other species (Specify) | | |
| Breed | X Breed | Colour and Markings | Black - White chest | |
| Condition | Fair | Sex | Female | Age puppy |
| Temperament | Friendly | Sterilisation details | no | Name |
| Coat Short | Tail long | Teeth Condition Good | Ears Up | Size Small |
| Area found / collected from | | | | Date 30/03/26 |

Reason for surrender Too many

**ASSESSMENT**

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

COMMENTS:

| | | | | |
|---|---|---|---|---|
| Surrendered by | X | Name | M. Wentzel | |
| Found by | | | | |
| Residential Address | 18 Bill Jeffrey Ave Ext 26 | | | |
| Postal Address | none | | | |
| Tel (H) none | Tel (W) none | Cell 044 693 0821 | | |
| Email none | | | | |
| Donation R none | Cash | Card | EFT | (Receipt No.) none |

**PLEASE INSIST ON A RECEIPT**

Confiscated: OB No: none Case No: none Inspector: /

## 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 noch 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 MSW |
|---|---|
| **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 / Parties hereby relinquish 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 / Partye doen hiermee afstand van alle eienaarsregte in die dier/e, beskr die keersy, ten gunste van die DBV om mee te beskik volgens hul uitskiftlike diskres met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, in 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 _____

Microchip / Collar and ID: Yes / Microchip / 992003000645525 _____ Date 18/06/2026

## MEDICAL RECORD

| Date | Remarks | Treatment | Cost |
|---|---|---|---|
| 14/04/26 | Vaccination + milpro | | |
| 14/05/26 | Vaccination + Ivermectin | | |
| 19/6/26 | Spay 83 | | |
| | | | |
| | | | |

### PTS APPROVAL

| NAME | SIGN |
|---|---|
| | |
| | |
| | |

# I WAS DEWORMED ON

| DATE | PRODUCT | DATE | PRODUCT |
|---|---|---|---|
| 14/04/26 | Milpro | | |
| 6/05/26 | Trivom D | | |
| 1/06/26 | Trivom D | | |

Quantel

Excitel Plus Excitel Plus XL

DEWORMING FOR A FIFIER, HEALTHIER DOGS

# 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. This 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 19.06.2026

DOCTOR'S NAME Dr. E. Senekal

Garden Route SPCA
P.O. Box 259

PRACTICE STAMP

MSD
Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
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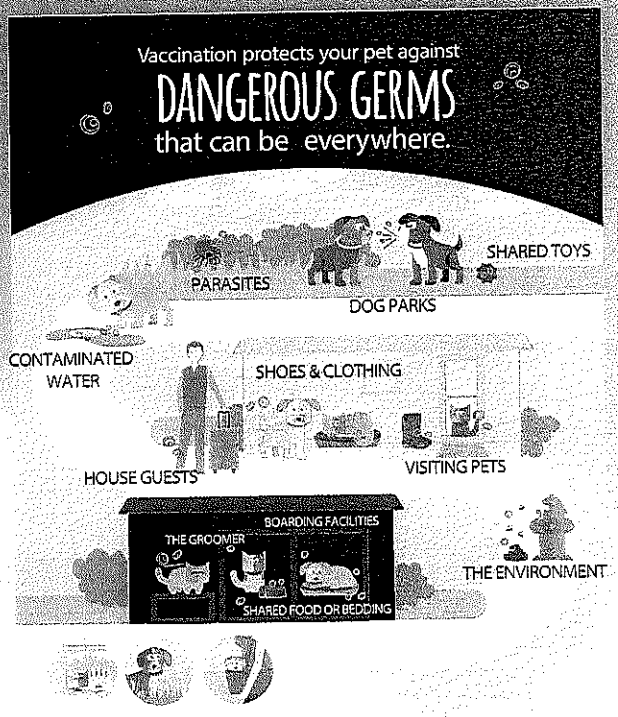
www.msd-animal-health.co.za ZA-NOV-211200001

# VACCINE RECORD CARD




PET'S NAME

MY VET

Garden Route SPCA

Ossie Urban street
Tamsui Industria
George Branch

044 878 1990
082 378 7384
clinicg@grspca.co.za (Reception)
theatreg@grspca.co.za (Clinic Manager)

**Consulting Hours**

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

## MY OWNER

| | |
|---|---|
| NAME | Grant Andrews |
| POSTAL ADDRESS | |
| | |
| STREET ADDRESS | 2 Roberts on Street |
| | Riversdal |
| HOME PHONE | |
| WORK PHONE | |
| CELL PHONE | 067 805 5468 |
| BREEDER DETAILS | |

## ME

| | |
|---|---|
| SPECIES | CANINE |
| BREED | X BREED |
| COLOUR | BLACK |
| SEX | FEMALE |
| DATE OF BIRTH | |
| MICROCHIP/TATTOO | 992003000645525 |
| FEATURES/MARKS | |

## NEXT VACCINATION DUE

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

## I WAS VACCINATED ON

| DATE | VACCINE AND BATCH NO. | VET SIGNATURE |
|---|---|---|
| 14/04/26 | Nobivac® Puppy DP PLUS. Batch: A264B01 Exp.: 09-2027 | |
| 14/05/26 | Nobivac® DAPPv Batch: 02-05-05A Exp.: 09-JAN-2027 | |
| 11/06/26 | Nobivac® DAPPv Batch: 02-05-03A Exp.: 09-JAN-2027 | |

## 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!