ADOPTION CHECKLIST

ADMISSION NO: T 0944

CONTRACT NO: MA 0335

- [✓] Admission Form
- [✓] Application for adoption
- [✓] Pre-Home Inspection Report
- [✓] Adoption contract
- [✓] Copy of Identity Document or Driver's License
- [✓] Proof of Residence
- [X] Letter from Body Corporate
- [X] Sterilization Contract and Date of sterilization Contract Done 26/06/2026
- [✓] Copy of Vaccination Record/ Certificate
- [✓] Microchip
- [✓] Microchip Registration- chip number 992003000645523 01/07/26

Adoptee INFO:

Name & Surname MS KMH Sadie

Contact INFO: 067 393 1347

Completed by: _____ Date: 27/06/26

Manager: Peters 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. MA0335

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Micro	992003000645523		

This a... has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to **return** it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will **not chain or cage** the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only **elasticated or quick release collars** may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post with seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

UITPLASINGSKONTRAK

Garden Route

HOND / KAT	Ras	Manlik/Vroulik	
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-watte 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): KH H Sadie

HOME ADDRESS
WOONADRES: 2414 Graafontein Alberinia

ID/PASSPORT No.:
ID/PASPOORT Nr.: 890514 0143 084

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

(B):
(W):

CELL No:
SELFOON Nr: 067 393 1347

FAX No:
FAKS Nr:

E-MAIL:
E-POS. sadiekristina509@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 10128

VEHICLE REG No.
VOERTUIG REG Nr. CJ 65420

VEHICLE MAKE:
VOERTUIG MAAK: Chevrolet

COLOUR:
KLEUR: Grey

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 29/06/20

MR T

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): Ms Kmii Sadie

HOME ADDRESS: 2414 Grootfontein Albertina

ID NO.: 8905140143084

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 067 393 1347 FAX NO:

EMAIL: Sadiekristina 509@gmail.com

Address where animal will be kept: 2414 Grootfontein Albertina

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: We belive we can provide a good home to a dog in need of lots of love.

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? Any small breed dog

Can you afford private fees? Yes Who is your vet? New in Albertina suggestions welcome

How many animals live on the property? DOGS? 1 CATS? 3 OTHERS

What are the sexes of your animals? DOGS: Male Female 1 CATS: Male 2 Female 1

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? Still have all 3 cats

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

Full description of the fencing and gate: Height:

What shelter is provided: OUTDOORS KENNEL OTHER inside of house

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

Pre Home Inspection Fee: R100. Receipt No: Mby10121

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 Mela **Date of application** 20/06/26.

MY OWNER

NAME	KMH Sadie
ADDRESS	
	2414 Groenfontein
	Albertinia
TELEPHONE	
CELL PHONE	067393 1347
EMERGENCY NO.	

ME

BREED	CANINE
SIZE	TOYPOM X
COLOUR	Brown
SEX	Female
DATE OF BIRTH	
MICROCHIP NO.	982000300645523
TATTOO NO.	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
12/06/26	Rabisin 924507 Lot/Batch: F72195 Ut. av./Exp.: 13/07-2026	

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.

MSD Animal Health
Nobivac®
Quantel®
Exitel Plus
Exitel Plus XL
BRAVECTO 12 WEEK TICK & FLEA PROTECTION
Find us on facebook
facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
12/06/26	Tri worm		

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel 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. Proper quarantine free from quarantine restrictions in addition to rabies vaccination purposes.
3. The rabies vaccine immunity is valid.
4. The certificate was signed in the space below not to exceed that time period in 2 and 3 where applicable before the intended movement.

DATE

VETERINARIAN'S SIGNATURE

SIGNATURE PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 25/06/2026

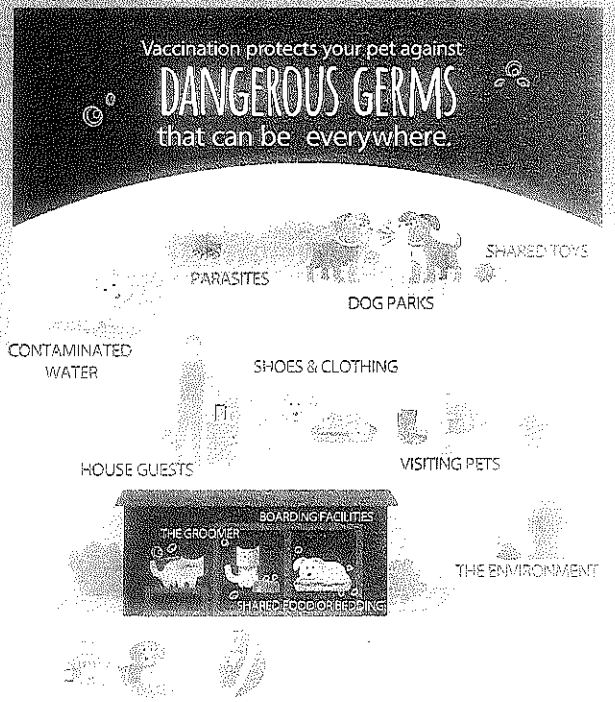
DOCTOR'S NAME Dr. Rozelle Theron

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-NON-211200001

VACCINE RECORD



PET'S NAME

DOB / AGE

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

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details
   - Full name : Dwayne Mark van Antwerp
   - Contact number : 062 072 6886 8608
   - Email address : vanantwerpdwayne@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 June 2026

Section 4.3.2a

DBV SPCA

ADOPTION No: MA0335 ADMISSION: T 0944

PRE AND POST HOME INSPECTION FORM

PASSED: (YES) / NO DATE UNDERTAKEN: 24/06/26 TIME: 14h00

NAME OF APPLICANT: Ms Kmn Sadie (Elize)

ADDRESS: 2614 Grootfontein Albertinia

HOME TEL No: CELL No: 0673931347

ANIMAL(S) ADOPTING: Small dog

SEX: Male AGE: One Year

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence:		Height of fence:	5 Voet
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?	N/A
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?	3

DESCRIPTION OF ANIMALS ON PROPERTY	Dog 1	Cat 2	3	4	5
BREED	Mix Breed	DSH	DSH		
SEX	Female	Male	Male		
AGE	13 jaar	?	?		
STERILIZED	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS The property is a smallholding. The dog is going to sleep inside. They are wonderful animal lovers. There is no yard around the house but there is a fence around the small holding. The lady is not working and is always at home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ SMALL DOGS
- ☑ MEDIUM DOGS
- ☑ LARGE DOGS
- ☐ CATS
- ☐ EQUINE
- ☐ OTHER (specify)

INSPECTED BY: Tinka Smal **SPCA:** Mosselbay **SIGNATURE:** [signature]

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

Garden Route

KENNEL No.	K 38 42				ADMISSION No.	T 0944
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	08/04/26		Time In		Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked		Yes	Lost & Found Date checked	8/04/26
		No		

Microchip/Collar or ID tag found		Yes	Date scanned or checked	8/04/26	Microchip or ID Tag number	None
		No				

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	N/A
Breed	Boerbul x Tervuren	Colour and Markings	Brown, black, White
Condition	Fair	Sex	Age 1-2 years
Temperament	Friendly	Sterilisation Details	Name Lee
Coat	Tail C	Teeth Condition Fair	Ears Brown	Size
Area found / collected from	Bad 13		Date 08/04/26
Reason for surrender	Surrender owner cannot want the dog		

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

Surrendered by		Name	[illegible]		
Found by					
Residential Address	[illegible]				
Postal Address	No postal				
Tel (H) No num	Tel (W) No num		Cell	No num	
Email	No email				
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A	

PLEASE INSIST ON A RECEIPT

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

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 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 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 endeavout 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 (Animanls Protection Act) an animal presented for admission is so diseased, severely injured or in such phusical 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 onderskryg 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 Eutanasia			

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 / Coll: and ID tag giver 992003000645523

Date 26/06/2026

MEDICAL RECORD

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

PTS APPROVAL	
NAME	SIGN

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
SADIE
Names:
KRISTINA MARIA HELISE
Sex:
F
Nationality:
RSA
Identity Number:
8905140143084
Date of Birth:
14 MAY 1989
Country of Birth:
RSA
Status:
CITIZEN

Signature:

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:
16 OCT 2025

203628078

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

Microchip Number

992003000645523

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. * 0673931347

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

E-mail * sadiekristina5@gmail.com

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

Title * MS Initials * KMH Surname * SADIE

Street 2414 Grootfontein City

Suburb Albertinia Area Code

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 KAY LEVERS

PET DETAILS

Pet Name Date of birth

Species * CANINE Breed * Pom X

Colour BROWN Markings

Gender (Male) Female Sterilised (Yes) No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

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

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

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

Harcourts

LEASE AGREEMENT

SECTION A

1. **Schedule**

1.1 the "Landlord"	Name:	Audrey Nondyebo Bam
	ID/CK/Company/Trust/Reg. No:	8909160162081
	Statement/s and Letter/s: Address	Audrey.bam@gmail.com
1.2 The "Tenant"	Name TENANT 1:	Kristina Maria Helise Sadie (8005140143084)
	Name TENANT 2	N/A
	TENANT EMAIL/CELL NR:	Sadiekristina5@gmail.com
1.3 The "Agent"	Harcourts Franchise:	HARCOURTS MOSSELBAY
	Contact person:	Kyle Foxcroft
	Telephone number:	044 690 7114 / 084 278 8155
	E-mail address:	kyle.foxcroft@harcourts.co.za
1.4 The "Premises"	Property description	3 Bedroom house
	Address:	2414 Grootfontein, Albertinia, Albertinia, 6885
	Type of property	
	X Residential ☐ Commercial	☐ Other
	Garage / Parking bay	In front of House Parking

| 044 690 7114 | F 086 624 9925 | E mosselbay@harcourts.co.za | harcourts.co.za
Shop 1, Mossman Anderson Road, Da Nova, Mossel Bay, Western Cape, 6506 | PO Box 81, Mossel Bay, 6500
Harcourts [PTY] Ltd [Reg. No. 2015/080484/07] trading as "Harcourts Mossel Bay"
Director: G. Krause

Description	Once-Off	Monthly
Application fee		0
Lease preparation / Admin fee:	R602.50	0
Lease renewal fee:		0
Damage deposit:	R8300.00 Tenant paid 6 months upfront payment will be made for 6 six months contracts.	
Damage deposit top-up:		
Landlord Legal		