

ADOPTION CHECKLIST

ADMISSION NO:

MBY 11020

CONTRACT NO:

MA0349

- ☒ 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 09/07/2026
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

Adoptee INFO:

Name & Surname Frederick Urie

Contact INFO: 082 694 9549

15/07/26



Completed by: _____

Date: 10/07/26

Manager: _____

Date: _____

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.

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : Maretha Urie
- Contact number : 082 702 0372
- Email address : Maretha.Urie@yahoo.com

2. Additional family member/friend details

- Full name : Welf Urie
- Contact number: 082 872 1651
- 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



Date

2026 - 07 - 10

MICROCHIPPED ANIMAL REGISTRATION FORM



992003000650872

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 VET PRACTICE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 082 694 9549

E-mail * frikkie21@yahoo.com

Title * MR

Initials * F.

Surname * URIE

Street Tacibos 13

City

Suburb

Area Code Reebok

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 * 15 - 07 - 2026

Date of Implant * 08 - 07 - 26

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 * DACHSHUND

Colour BROWN

Markings

Gender Male ☐ Female ☒

Sterilised ☒ No ☐

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☒

KUSA Registration Number

Pet Registered Name

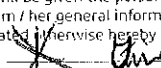
Medical Conditions

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



992003000650872

ADMISSION NO

MBY11020

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 07/06/24

TIME: 11:01

NAME OF APPLICANT: Frederick Urie

ADDRESS: Taaibos 13, Reebok

HOME TEL No: CELL No: 082 694 9549

ANIMAL(S) ADOPTING: Daxi

SEX: Female AGE: 1 yr

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION

Type and height of fence:	2m Vibracrete	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

Free Roaming Dog will sleep in house

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



CATS



SMALL DOGS



MEDIUM DOGS



LARGE DOGS

INSPECTED BY:

SPCA:

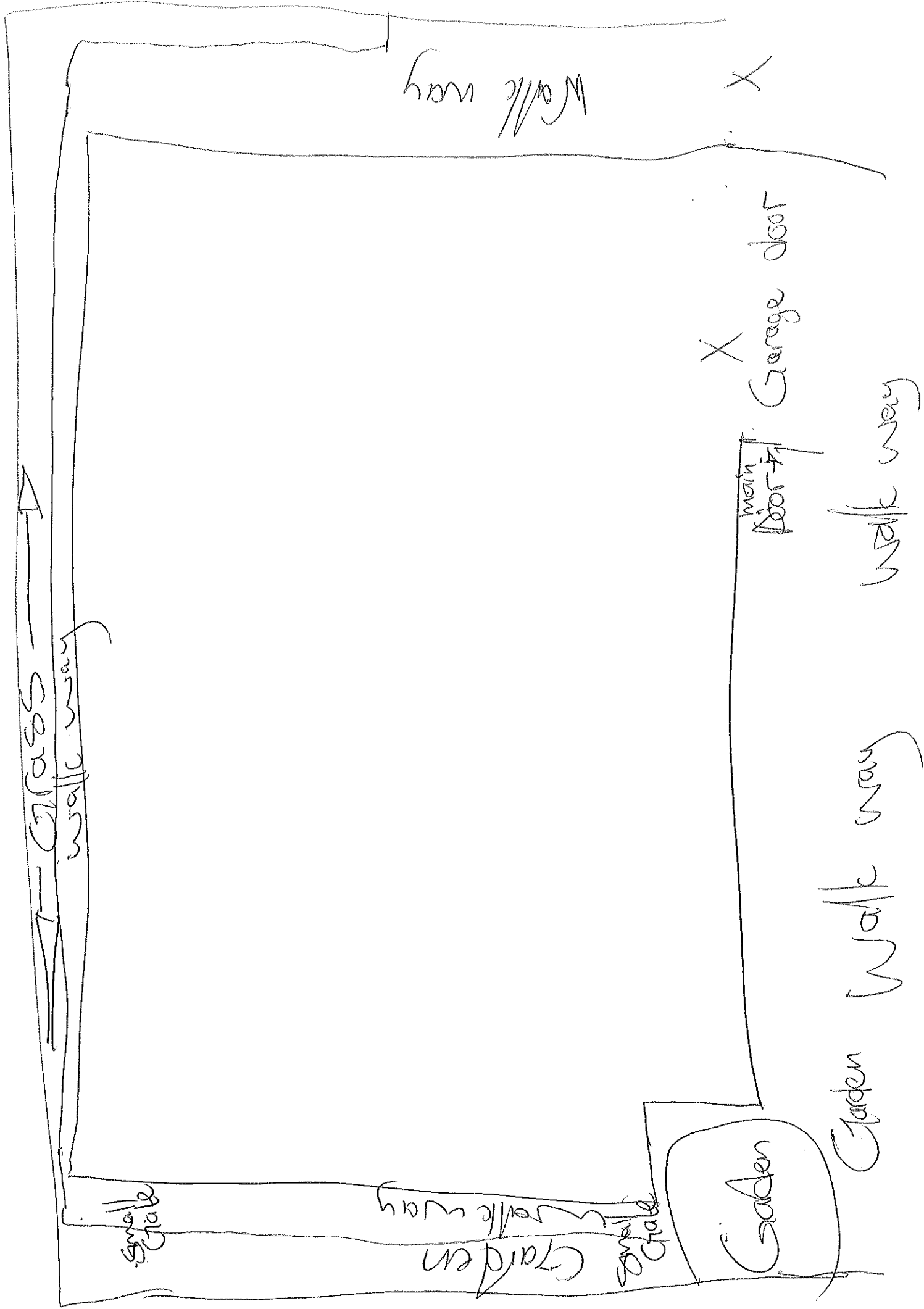
Mosselbay

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>K-29-35</u>			ADMISSION No. <u>MBZ11026</u>			
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>21/05/26</u>		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	<u>Yes</u>	Lost & Found Date checked	<u>21/05/26</u>
Microchip/Collar or ID tag found	<u>No</u>	Date scanned or checked	<u>21/05/26</u>	Microchip or ID Tag number	<u>N/A</u>	

DESCRIPTION & HISTORY	<u>Dog</u>	Cat	Other species (Specify) <u>B/I</u>			
	Breed	<u>Worst</u>		Colour and Markings	<u>Brown</u>	
	Condition	<u>Fair</u>		Sex	<u>♀</u>	Age <u>± 1 year</u>
	Temperament	<u>Friendly</u>		Sterilisation details	<u>No</u>	Name <u>Angel</u>
	Coat	Tail	Teeth Condition	Ears	<u>Down</u>	Size <u>S</u>
	Area found / collected from <u>Mossburn</u>					Date <u>21/05/26</u>
	Reason for surrender <u>Stopper a bad card keep dogs</u>					

ASSESSMENT		Surrendered by		Name <u>Ned Deek</u>	
GOOD WITH:		Found by			
Children	<u>Yes</u>	Residential Address		<u>71 Marsh street</u>	
Cats	<u>Yes</u>	Postal Address		<u>71 Marsh street</u>	
Other Dogs	<u>Yes</u>	Tel (H)		Tel (W)	
Livestock/Other	<u>Yes</u>	Cell		<u>0660155352</u>	
DO THEY:	<u>Yes</u>	Email		<u>nieddeek@gmail.com</u>	
Jump Fences	<u>Yes</u>	Donation R		<u>N/A</u>	
Run Away	<u>Yes</u>	Cash		<u>N/A</u>	
COMMENTS:		Card		<u>N/A</u>	
		EFT		(Receipt No.) <u>N/A</u>	

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 / 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 uitdrukklik 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 <u>Ned Deek</u>	Witness for Society <u>[Signature]</u>
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 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.
1. Die Eienaar / Eienaar doen afstand van alle eienersreg in die diere/s, beskryf die teersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike 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 (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. Any charges endorsed hereon are due and payable on request.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. The Society will not home any animal unsterilised.
4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature	Witness for Society signature
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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: _____

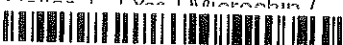
E-mail Address: _____

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 _____

Microchip and ID		Date
	992003000650872	08/07/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
21/05/26	Vaccinate + Truam O		
09/07/26	Sterilised.		

PTS APPROVAL

NAME	SIGN

Angel.

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): Frederick Wrie

HOME ADDRESS: Taibos no 13 Reebok

ID NO.: 7909185073082

POSTAL ADDRESS: Taibos no 13

TEL NO (H): 082 872 1651 (B): 082 872 1651

CELL NO: 082 694 9549 FAX NO: _____

EMAIL: frikkie21@yahoo.com

Address where animal will be kept: Taibos no 13

Occupation: Support Engineer

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/

Reason for wanting animal: Missing our dog

Is the animal for yourself? YES

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES

What breed of dog or cat are you interested in? Duschoond

Can you afford private fees? Yes Who is your vet? Prizee

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

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? 1 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 + Woden gate Height: 1,5 m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER House

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

Pre Home Inspection Fee: R100 Receipt No: 10150

Declaration: The above information is true and correct
I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

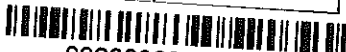
SIGNATURE OF APPLICANT: [Signature] Date of application: 2026/07/



Garden Route

ADOPTION CONTRACT

DOG / CAT	Breed	Male / Female
Microchip and or ID Tag		



992003000650872

This animal has been given to you in the full and complete 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 rehomed 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 I agree and acknowledge that the above contract is legal and binding.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAME - Prof/Dr/Mr/Mr/Mej (Insluitende voorletters):

HOME ADDRESS
ADDRESS: Tsaibos nr 13, Reebok

No (H):
PHONE Nr (H):

No:
PHONE Nr: 082 694 9549

EMAIL:
S. frikkie2@yahoo.com

OPTION FEE:
EMINGSVOOI: R850

VEHICLE REG No.
TOEG REG Nr. CF 171 639

SIGNATURE
TEKENING: [Signature]

DATE:
DATUM: 2026/07/10

cash / left / card
kontant / left / kaart

VEHICLE MAKE:
VOERTUIG MAAK: Nissan

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING: [Signature]

ADMISSION No.
TOELATINGSNR.

MA0349



Garden Route

UITPLASINGSKONTRAK

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.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieleden stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkoste aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en klient skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoon te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
- Ek sal nie die dier vasketting of gehok hou nie, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
- Ek kan die dienste van 'n private veeartsnykundige bekostig.
- Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
- Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
- Ek onderneem om toe te sien dat die dier gesterilliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir kalte gebruik word.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die 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.
- Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per geregistreerde pos in kennis stel van enige verandering van adres.

* Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.

* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wredeheid of verwaarloosing 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.

Frederick Urie

ID/PASSPORT No.:

ID/PASPOORT Nr: 7909185073082

(B):

(W):

FAX No:

FAKS Nr:

DONATION:

DONASIE:

KWITANSIE Nr

RECEIPT No. 10186

COLOUR:

KLEUR: Wit

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
21/06/26	Truworm D		
22/06/26	Truworm D		

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

Garden Route SPCA

P.O. Box 133

George, 6530

Ph (044) 866 - 3824

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

DECTOR'S NAME

MOSSELBAAY HIRSH HOSPITAAL

MOSSEL BAY ANIMAL HOSPITAL

DR. B. STANDER DR. P.J. DE WET

TEL: 044-691248 FAX: 044-6911978

E-POS/E-MAIL: info@mweb.co.za

Posbu PRACTICE STAMP Box 662

Wood no: 082 / 53 9191



Animal Health

Intervet South Africa (Pty) Ltd. Reg. No. 1991/06560/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300 Fax: +2711 392 3156, Sales Fax: 086 603 1777
www.msda-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD

Vaccination protects your pet against

DANGEROUS GERMS
that can be everywhere.

PARASITES

DOG PARKS

SHOES & CLOTHING

CONTAMINATED WATER

HOUSE GUESTS

VISITING PETS

THE GROOVER

BOARDING FACILITIES

THE ENVIRONMENT



PET'S NAME

ANY PET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761

theatrem@grspsca.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

Quantel Plus **Intel Plus XL**
DEWORMING FOR IMPROVED HEALTH 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 after 12 months are very important for keeping me healthy!



MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASE MOSSELBAYI

Mossel Bay

BTW REG. NO.

Naam:

URIE WF & NV

Liggingsadres:

13 TAKBOGSTRAT REEBOKREIF

SELASTING FAKTUUR MAANDELIKSE REKENING

REKENINGNOMMER: 24-001647-004-4

DATUM VAN REKENING: 22/04/2026

LAASTE KWITANSIE DATUM: 21/04/2026

VOORAFBETAALDE
METERNOMMER: 04255125272

DIENSTE DEPOSITO:	ERF NOMMER:	1647000	TOTALE WAARDASIE:	2050000	WYK NO:	4
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DATUM	BESONDERHEDE	BEDRAG
21/04/2026	BALANS OORGERING WATER 16/02/2026-13/03/2026 1484 - 1495 (11 KI 25 Dae) BASIES 07/25 4.93 @ 0.000 = 0.00 6.07 @ 10.030 = 60.88 VAT/BTW 48.34	1489.97 370.61*
21/04/2026	04255125272ELEKTRISITEIT BASIES VAT/BTW 431.91 64.78	496.69*
21/04/2026	042551252750% Pens. Kortings VULLIS RICOL Ricool 50% kortings BELASTING PAAIEMENT KWITANSIES Balans Oorgedra BTW OP 's' ITEMS: 146.39 ACB TOT: 0.00	248.35* 320.82* 365.61* 182.81* 372.24 1489.00- 0.58-

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	1495.58	1495.00
Betalings moet voor of op die vervaldatum gemaak word				
BETAALBAAR OP 15/05/2026				BEDRAG BETAALBAAR 1495.00



VAT NO. 427016470044

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 240016470044

11379 240016470044

Standard Bank is now the Primary banker for the
MOSSEL BAY MUNICIPALITY.

Municipal customers, service providers, members
of the public and various stakeholders are therefore
informed of the new banking partner for the
MOSSEL BAY MUNICIPALITY.

The municipality has been added as a predefined
beneficiary on the Bank Directory.

Mossel Bay



URIE WF & NV
POSBUS 663
KLEIN-BRAKKRIVIER
6503



MY OWNER

NAME Frederick Lurie

POSTAL ADDRESS _____

STREET ADDRESS Taibos 13

PHONE PHONE Rebok

WORK PHONE _____

TELEPHONE 0826449549

BREEDER DETAILS _____

ME

SPECIES CANINE

BREED DACHSHUND

COLOR Brown

SEX Female

DATE OF BIRTH _____

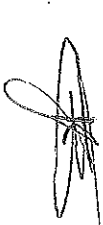
CHICKENPICKS 992003000650872

FEATURES/MARKS _____

NEXT VACCINATION DUE

DATE _____ DATE _____ DATE _____

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
21/05/12	 RABISIN R 924507 Lot/Batch: 13/07/2026	
25/06/12	 RABISIN R 924507 Lot/Batch: 13/07/2026	
26/06/12	 RABISIN R 924507 Lot/Batch: 13/07/2026	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

Over the years, I have vaccinated my dog with various vaccines to protect him from various diseases. My pet is healthy and happy, and I am grateful to the veterinarians who have helped me. Now it is up to you to keep my pet healthy and happy.

Nobivac® DHPPi (Reg. No. G3377 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HC2 (Reg. No. G3880 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 (isopropyl) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet. Exitel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 500 mg. Exitel Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 500 mg. Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

