

ADOPTION CHECKLIST

ADMISSION NO:

T 1089

CONTRACT NO:

MA 0357



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 14/07/2026



Copy of Vaccination Record/ Certificate



Microchip



Microchip Registration- chip number

Adopter INFO:

Name & Surname Charne Barrand

Contact INFO: 0833.269.307

29/07/26



992003000650800

Completed by:

[Signature]

Date:

14/07/26

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 processed.

All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

MICROCHIPPED ANIMAL REGISTRATION FORM

Microchip Identification



992003000650800

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

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

Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications
if possible, please provide a personal email, not a company email.

Cell No. * 0833269307

E-mail * charnedt@live.co.za

Title * MRS Initials * C

Street * 41 Waterbok STR

Suburb

Country

Phone - Day time

Surname * BARKHOFF

City

Area Code * REEBOK

Province

Phone - Night time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

CHIP DETAILS

Registration Date * 29 - 07 - 2026

Date of Implant * 15 - 07 - 2026

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip KAY LEUERS

PET DETAILS

Pet Name

Species * CANINE

Colour * GREY + BLACK

Gender Male ☒ Female

Date of birth

Breed * SHARPEI

Markings

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 its office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal information to VIRBAC (Supplier of the Chip), in order for Virbac to lodge the clients personal information on their database for tracking purposes. The client also agrees that where other relevant institutions need to trace a lost animal, and they use that code on Virbac's website they will be given the personal information of the owner of said animal. The client also agrees that his / her personal information may be used by Virbac to forward him / her a Newsletter as well as to send him / her general information concerning pets. The client acknowledges that he / she has a right to object to the processing of its personal information for marketing purposes and unless expressly stated otherwise hereby consents to personal information being used by 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 www.backhome.co.za • Tel: 011 852-8120 or 011 027 8837 • Fax: 0800 222 546

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : Neil Barrand
- Contact number : 083 627 3520
- Email address : neil.barrand@yahoo.com

2. Additional family member/friend details

- Full name : Magriet du Toit
- Contact number: 071 780 0322
- 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

Barrand

Date

16 / 7 / 26

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>K24 31</u>		ADMISSION No. <u>T 1040</u>	
Stray	<u>Surrender</u>	Abandoned	Returned
Date In <u>15/06/26</u>		Time In	Date for release
		Impounded	Confiscated
		Request for euthanasia	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked <u>15/06/26</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked <u>15/06/26</u>	Microchip or ID Tag number	<u>None</u>

DESCRIPTION & HISTORY	Dog ☒ Cat ☐ Other species (Specify) <u>B.I.A</u>
	Breed <u>Spruiter</u> Colour and Markings <u>Swart & Grey</u>
	Condition <u>Good</u> Sex <u>♀</u> Age <u>1 year</u>
	Temperament <u>friendly</u> Sterilisation Details <u>no</u> Name <u>Bushman</u>
	Coat <u>S</u> Tail <u>2</u> Teeth Condition <u>big</u> Ears <u>Down</u> Size
	Area found / collected from <u>Danabey</u> Date <u>15/06/26</u>
	Reason for surrender <u>Owner moving abroad</u>

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

Surrendered by	Name <u>Adrian de Klerk</u>
Found by	
Residential Address	<u>28 Annate Danabey</u>
Postal Address	<u>no postal</u>
Tel (H) <u>no num</u>	Tel (W) <u>no num</u> Cell <u>0844555101</u>
Email	<u>no email</u>
Donation R <u>N/A</u>	Cash ☐ Card ☐ 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/ 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 <u>[Signature]</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: _____

Marshmallow

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): Miss Charne Barrand

HOME ADDRESS: 41 Waterbok Str. Reebok

Kleinbrak, 6503 ID NO.: 8910150167080

POSTAL ADDRESS: NA

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

CELL NO: 0833269307 FAX NO: _____

EMAIL: charnedc@live.co.za

Address where animal will be kept: 41 Waterbok Str.

Occupation: House wife/mom

Do you own or rent your property: Own Do you have consent from owner / Body Corporate? NA

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

Reason for wanting animal: To give a loving home

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? Schnauser

Can you afford private fees? Yes Who is your vet? Croft.

How many animals live on the property? DOGS? 2 CATS? 0 OTHERS 0

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

Are all your animals sterilised? Give details Yes, both

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

Which animals do you still have, and what happened to the others? Dogs, Freddy & Stella

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

Full description of the fencing and gate: Enclosed yard 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? Yes

Pre Home Inspection Fee: R100 Receipt No: 10190

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 Barrand Date of application 10/7/26



Garden Route

DOG / CAT	Breed	Male / Female
Microchip	992003000650800	

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

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

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

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

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

HOME ADDRESS
WOONADRES: 41 Waterbok Str.

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

CELL No:
SELFOON Nr: 08 33269307

E-MAIL:
E-POS: charnedt@alive.co.za

ADOPTION FEE:
AANEMINGSVOOI: R850

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 10804

VEHICLE REG No.
VOERTUIG REG Nr. CBS 44479

VEHICLE MAKE:
VOERTUIG MAAK: Kia

COLOUR:
KLEUR: W.T

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VERENIGING:

DATE / DATUM: 16/07/2026

ADMISSION No.
TOELATINGSNR.

MA0357



Garden Route

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

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 familielede 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 klönt 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 gesteriliseer 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 katte gebruik word.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die 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 wreedheid 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.

Charne Barrand

ID/PASSPORT No.: 8910150167080
ID/PASPOORT Nr.:

(B):
(W):

FAX No:
FAKS Nr:

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 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 onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteiriliseer 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: _____

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 / Collar and ID tag given



992003000650800

Date: 15/07/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
14/06/26	Vaccinate + deworm		
14/7/26	Spay		

PTS APPROVAL

NAME	SIGN

I WAS DEWORMED ON

DATE PRODUCT DATE PRODUCT

White Worm D

Exatel Plus

Exatel 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 thereafter are very important for keeping my 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

Garden Route SPCA

P.O. Box 158

George, 6530

Ph (044) 832 - 0824

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

DOCTOR'S NAME

Dr. E. Sankel
14-7-2026
Dr. E. Sankel

Garden Route SPCA

P.O. Box 158

George, 6530

Ph (044) 832 - 0824

PRACTICE STAMP

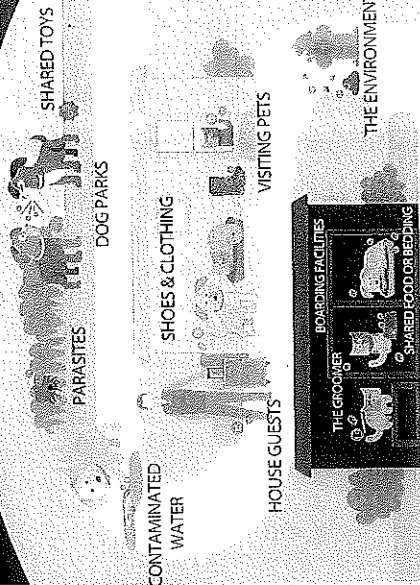


MSD

Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1997/006580/07
20 Spartan Road, Spartan, 7619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 352 3158, Sales Fax: 086 603 1777
www.msdl-animal-health.co.za 74-ANL-21120MM1

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



PET'S NAME

DOYUET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 893 0824
072 287 1761

theatre@gripca.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

MY OWNER

NAME

Chane Bavend

POSTAL ADDRESS

STREET ADDRESS

41 Waterbol Str.

Rebok

HOME PHONE

MOB. PHONE

CELLPHONE

0833269307

OWNED DETAILS

ME

SPECIES

CANINE

BREED

Schnauzer

SEX

Black + Grey

AGE

Female

DATE OF BIRTH

2004

ANTHROPOMETRIC



992003000650800

FEATURES/INJURIES

NEXT VACCINATION DUE

DATE

DATE

DATE

17/07/26

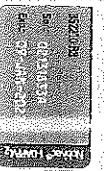
I WAS VACCINATED ON

DATE

19/06/26

VACCINE AND BATCH NO.

VET SIGNATURE



[Signature]

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

Nobivac® DHPPI (Reg. No. G2277 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 (isopropyl) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet, Exitel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 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 Fenbendazole 525 mg, Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

MR. NICOLAAS BARRAND
41 WATERBOK CT
LITTLE BRAK RIVER
RHEEBOK RIF
6503

Statement date 09 Jul 2026
Account no 34242116
EFT Ref No 84908600050740877

Account summary

Date	Description	Reference	Amount
09 Jun 2026	Balance brought forward		R 425.00
30 Jun 2026	Payment: Thank You		-R 425.00
	Subtotal		R 0.00
09 Jul 2026	Invoice for July	A438397135	R 425.00
	Subscription & usage B510047398	Telkom Easy Connect	R 425.00
	Total due		R 425.00

Pay on or Before 31 Jul 2026

R 425.00

Pay now: <https://apps.telkom.co.za/billing/user/listBills>

Bank account to be debited with R 425.00 on 31 Jul 2026

Telkom

Sign up for any fibre, postpaid LTE or selected postpaid mobile plan and get Prime Video on us.

Telkom.co.za | Possible begins here

Telkom SA SOC Ltd. Reg office: Telkom Park, The Hub, 61 Oak Avenue, Centurion, 0157. Comp Reg No 1991/005476/30. VAT No 4680101146.

Payment information



84908600050740877740840000042500

Do not detach this portion from this Statement page

Amount due

R 425.00

Group no
84908System no
6000507408Payment code
7774Control code
084Cycle
3

<<<<< 9 2021 8490 0005 0740 76 >>>>>



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BARRAND
Forename:
CHARNÉ
Sex:
F

Country of Birth:
RSA
Identity Number:
8910150167080
Date of Birth:
15 OCT 1989
Country of Issuance:
RSA
Status:
CITIZEN



Signature

Charné



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 50

Date of issue
30 NOV 2015

RSA



100844639





992003000650800

ADMISSION NO

T1039

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN:

14/07/20

TIME:

14:39

NAME OF APPLICANT: Charne Barrard

ADDRESS: 41 Waterbok Straat, Reebok

HOME TEL No:

CELL No:

0833269307

ANIMAL(S) ADOPTING: Schnauzer

"Marshmallow"

SEX: female

AGE:

2 years

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	Vibronette/brick 2m		
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?	2

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	Taxi	Dachshund			
CONDITION	good	good			
WELFARE (good?)	good	good			
SEX & AGE	male 1 year	female 13 years	1	1	1
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



CATS



SMALL DOGS



MEDIUM DOGS



LARGE DOGS

INSPECTED BY: KCC

SPCA:

Nesselley

SIGNATURE:

Nesselley

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Urethane zone

Trees

Trees

Trees Trees

House

Days sleeping inside

Grass play ground

Urethane zone

Brick wall 1.5m

X X
Crane

X X

Crane

X X
Rolling gate

Urethane zone