

- ☒ Admlsslon Form
- ☒ Appllclon for adoption
- ☒ Pre-Home Inspeclon Report
- ☒ Adoption contract
- ☒ Copy of Identlty Document or Drlver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterlllzation Contract and Date of sterlllzation Contract end October
- ☒ Copy of Vaccinatlon Record/ Certificate
- ☒ Microchlp
- ☒ Microchlp Reglstraton- chlp number _____

T 1361

CONTRACT NO:
MA 0380

Account INFO:

Name & Surname Mr J.A. Moulton

Contact INFO: 082 373 5745

24/08/26

992003000650497

Completed by: _____

Date: _____

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.

K 37
Brown.

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): J.A. Mouton

HOME ADDRESS: 16 ESSENHOUT AVE, HARTENBOSHEMUEL

ID NO.: 701213 5297081

POSTAL ADDRESS: 16 ESSENHOUT AVE, HARTENBOSHEMUEL

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

CELL NO: 082 373 5765 FAX NO: _____

EMAIL: LMBM@MWEB.CO.ZA

Address where animal will be kept: SAME AS ABOVE

Occupation: JOURNALIST

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: FRIEND FOR MY DOG, FAMILY

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? MIXED BREED

Can you afford private fees? YES Who is your vet? DR. VAN DE GRABT

How many animals live on the property? DOGS? 1 CATS? 2 OTHERS _____

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

Are all your animals sterilised? Give details YES, SPCA

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 4 OTHER? _____

Which animals do you still have, and what happened to the others? 1 DOG, 2 CATS

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

Full description of the fencing and gate: COMPLETE FENCE WALL Height: 1.5m - 1.8m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER HOME

Have you previously had pets from an SPCA? YES Are there children under 10 in your household? 1

Pre Home Inspection Fee: R100 Receipt No: 10874

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 13/08/12



Garden Route

ADOPTION CONTRACT

DOG / CAT	Breed	Male/Female
Microchip a	992003000650497	

This animal is being given to you on the understanding 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 that I agree and acknowledge that the above contract is legal and binding.

ADOPTER NAME - Prof/Dr/Mr/Ms (Including initials)
NAME - Prof/Dr/Mr/Ms (Including initials)

HOME ADDRESS: 16 Essenhout Ave,
Hartenbos Heuwels

TEL No (H): 082 373 5745

CELL No: 082 373 5745

EMAIL: LMBM@MWEB.CO.ZA

ADOPTION FEE: R850

VEHICLE REG No. VOERTUIG REG Nr.

NATURE OF DEED: WITNESS FOR SOCIETY: GETUIE VIR VEREENIGING.

DATE / DATUM:

ADMISSION No.
TOELATINGSNR.

MA0380



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 plezier 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 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 kattle 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 geregisteerde 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 verwaarloos 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.

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

(B):
(W):

FAX No:
FAKS Nr.:

DONATION: KWITANSIE Nr.
DONASIE: RECEIPT No.

VEHICLE MAKE: COLOUR:
VOERTUIG MAAK: KLEUR:

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000650497

VET OR WELFARE ORGANISATION

Vet Practice Name *

Vet Practice Number *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 082 373 5745

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

E-mail * LMBM@MWEB.CO.ZA

Title * MR Initials * JA

Surname * MOUTON

Street 16 ESSENHOUT

City

Suburb

Area Code HBOS HEUWELS

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 * 24-08-2024

Date of Implant * 13-08-2026

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

Name of Vet who implanted the Chip KAY LEUVERS

PET DETAILS

Pet Name

Date of birth

Species * CANINE

Breed * STAFFY X WIRE HAIR

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 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 its 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 e-mail Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
3. By App Download the Virbac Backhome Africa App





STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0380

DATE: _____

between Mosselbay SPCA
and LMBH@HWEB.CO.ZA
701 213 52

Name Mr J.A. MoutonAddress 16 Essenhout Ave, Hartenbos, HoutbosTelephone Numbers (H) 082 313 5145 (B) _____

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name _____ Sex Female Age 7 weeksDescription Staffy x WeimaranerOn (due date) END OCTOBER Adoption Form No. MA 0380on the understanding that you will arrange to have this done at the Mosselbay SPCA Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society **reserves the right to confiscate** the animal and **NO MONEY WILL BE REFUNDED**. The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

MY OWNER

NAME Mr J. A. Moulton

POSTAL ADDRESS

STREET ADDRESS 16 Essenhove Ave

Hartenbos Heuwels

HOME PHONE

WORK PHONE

CELLPHONE

082 373 5745

BREEDER DETAILS

ME

SPECIES

CANINE

BREED

Staffy X wirehair

COLOR

BROWN

SEX

Female

DATE OF BIRTH



992003000650497

MICROCHIP IDENTIFICATION

FEATURES/MARKS

NEXT VACCINATION DUE

DATE

02/09/26

DATE

DATE

I WAS VACCINATED ON

DATE

05/08/26

VACCINE AND BATCH NO.

Batch: A270A01
Exp: 02-2028

VET SIGNATURE

[Signature]

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases. My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk. Now it is up to you to keep my vaccinations up to date as advised by my vet.

Nobivac® DHPPi (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 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 (isoquinoline) 50 mg/tablet and Fenbendazole (benzimidazole) 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.

ABLES MOVEMENT PIVOT

DATE	PRODUCT	DATE	PRODUCT
11/11/11	11/11/11	11/11/11	11/11/11

200,000 10/10/50

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.

王

100

WE
DE
T: 1
AND
ING
IS

PRACTICE STAMP

CERTIFICATE OF STERILISATION

THE NEW YORK PUBLIC LIBRARY

84

圖書在版編目(CIP)數據

Quantel
Intel Plus Intel Plus XL
Intel Inside

3300 BELLEVUE BLVD. SUITE 2000

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 12 or older are very important for keeping my horse healthy!

PRACTICE STAMP



Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
220 Spartan Road, Spartan, 1619; RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +27(1) 923 9300, Fax: +27(1) 392 3158, Sales Fax: 086 603 1777

7A 8/10/2019 20:00

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

DANGEROUS GERMS



DOG PARKS

SHARED TOYS

CONTAMINATED WATER

SHOES & CLOTHING

HOUSE GUESTS

VISITING PETS

BOARDING FACILITIES

THE GROOMER

THE ENVIRONMENT

THE

Figure 1

GARDEN ROUTE SPCA

Bill Jeffery Avenue
KwanonQaba
Mosselbay 6506

Cell: 071 658 4832/Office: 044 693 0824
Emergency No: 072 287 1761

Consulting Hours

Mon - Fri : 09:00 - 16:00
Saturday : 09:00 - 11:00

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>K11</u>				ADMISSION No. <u>T 1361</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	<u>28/07/26</u>		Time In		Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	☒ Yes	Lost & Found
					No	Date checked
Microchip/Collar or ID tag found	☒ Yes	No	Date scanned or checked	<u>28/07/26</u>	Microchip or ID Tag number	

DESCRIPTION & HISTORY	<u>Dog</u>	Cat	Other species (Specify)			
	Breed	<u>Staffie X</u>		Colour and Markings	<u>Brown</u>	
	Condition	<u>Fair</u>		Sex	<u>♀</u>	Age
	Temperament	<u>Good</u>		Sterilisation Details	<u>NO</u>	Name
	Coat	<u>S</u>	Tail	<u>L</u>	Teeth Condition	<u>Fair</u>
				Ears	<u>Down</u>	Size
	Area found / collected from	<u>Da Nova</u>				Date
	Reason for surrender	<u>Moving</u>				

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

Surrendered by	☒ Name	<u>Elizabeth Burmester</u>
Found by		
Residential Address	<u>HJ Harris no 14</u>	
	<u>Da Nova</u>	
Postal Address	<u>NONE</u>	
Tel (H)	<u>none</u>	Tel (W)
		Cell <u>0840613656</u>
Email	<u>none</u>	
Donation R	<u>R 00</u>	Cash Card EFT (Receipt No.) <u>MBY 10538</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 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 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>Refer to T 1484</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

- | | |
|---|---|
| <p>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.</p> <p>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.</p> <p>3. Any charges endorsed hereon are due and payable on request.</p> <p>4. The Society will not home any animal unsterilised.</p> | <p>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.</p> <p>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.</p> <p>3. Enige koste hierop onderskryg is verskuldig en betaalbaar op aanvraag.</p> <p>4. Die Vereniging sal geen dier plaas wat ongesteëliseer is nie.</p> |
|---|---|

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 and ID tag  992003000650497 Date 13/08/26

MEDICAL RECORD

Date	Remarks	Treatment	Cost
08/08/26	vaccinate + mil/pro		

PTS APPROVAL

NAME	SIGN



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MOUTON
Names:
JACOBUS ALBERTUS
Sex:
M
Nationality:
RSA
Identity Number:
701215297081
Date of Birth:
13 DEC 1970
Country of Birth:
RSA
Status:
CITIZEN



Signature

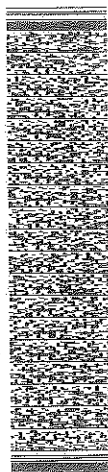
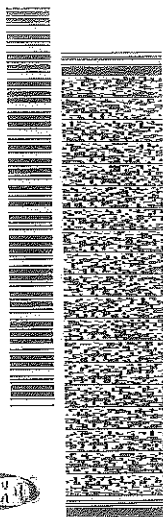


Conditions:

Date of issue:
06 NOV 2020

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

113358538





Mossel Bay
MUNICIPALITY

MOSSSEL BAY MUNICIPALITY
MOSSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSSELBAYI

BTW REG. NO.

Naam:

MOUTON JA

Liggingsadres:

16 ESSENHOUTLAAN HARTENBOSHEUWELS

BELASTING FAKTUUR MAANDELIKSE REKENING

REKENINGNOMMER:

43-002031-008-1

DATUM VAN REKENING:

22/04/2026

LAASTE KWITANSIE DATUM:

21/04/2026

VOORAFBETAALDE
METERNOMMER:

05005446207

DIENSTE
DEPOSITO: 800.00

ERF
NOMMER: 2031000

TOTALE
WAARDASIE: 0

WYK
No: 7

DATUM

BESONDERHEDE

BEDRAG

	BALANS OORGEBRING	1306.28
21/04/2026 0500544620	ELEKTRISITEIT	496.69 *
	BASIES 431.91	
	VAT/BTW 64.78	
21/04/2026 60313	WATER 18/02/2026-18/03/2026	473.11 *
	11869 - 11889 (20 Kl 28 Dae)	
	BASIES 261.39	
	07/25 5.52 @ 0.000 = 0.00	
	. 12.89 @ 10.030 = 129.28	
	. 1.59 @ 13.038 = 20.73	
	VAT/BTW 61.71	
21/04/2026 300007	VULLIS	320.62 *
	KWITANSIES	1306.00-
	Balans Oorgedra	0.70-
	BTW OP *** ITEMS: 168.31 ACB TOT: 0.00	

KREDIET

60 DAE

30 DAE

LOPEND

Amount Due

0.00	0.00	0.00	1290.70	1290.00
Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP		BEDRAG BETAALBAAR	
	15/05/2026		1290.00	



ADOPTION No

ADMISSION

PRE AND POST HOME INSPECTION FORMPASSED: ☒ YES ☐ NODATE UNDERTAKEN: 12-8-26TIME: 14:08NAME OF APPLICANT: J. A. MoutonADDRESS: 16 Essenhove Street, Hartenbos heuwels

HOME TEL No:

CELL No:

082 3735745ANIMAL(S) ADOPTING: Terrier x StaffieSEX: Female

AGE:

7 weeks**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?	<u>gate</u>
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					
SEX					
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
<u>Approved</u>

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐

SMALL DOGS

☐

CATS

☐

MEDIUM DOGS

☐

EQUINE

☐

LARGE DOGS

☐

OTHER (specify)

INSPECTED BY:

Luciano Berg

SPCA:

mosse/berg

SIGNATURE:

[Signature]**POST HOME INSPECTIONS**

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

