

T 1808

CONTRACT NO.
MA 0384.

 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 End September

☒ Copy of Vaccination Record/ Certificate Microchip

☐ Microchip Registration- chip number _____

26/08/26
992003000650492

Completed by: _____

Date: 20/08/26

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.

Collected ✓

Gingel
C3

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): Lisa Nkqayi

HOME ADDRESS: 23 Gcotyana Str, Kwanongabe

ID NO.: 911215 0082 683

POSTAL ADDRESS: _____

TEL NO (H): 019 712 1767 (B): _____

CELL NO: 0183918022 FAX NO: _____

EMAIL: Mnamathalisa@gmail.com

Address where animal will be kept: 23 Gcotyana Str, Kwanongabe

Occupation: Teacher

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

Are you a student with consent to keep pets: _____ YES/

Reason for wanting animal: for companionship

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? Boerboel

Can you afford private fees? Yes Who is your vet? Still deciding

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

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

Are all your animals sterilised? Give details Not yet

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: Brick wall & steel gate 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: MB410894

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 15/08/20



Garden Route

ADOPTION CONTRACT

DOG / CAT	Breed	Male / Female
Microchip	992003000650492	

This animal has been given to you in the name of the SPCA and 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/Mrs/Ms (Including initials)
NAME - Prof/Dr/Mr/Mr/Mr/Mr/Mr (Insluitende voorletters):

HOME ADDRESS
STREET ADDRESS: 23 Geutjans Street
Kwanganqaba

TELEPHONE No (H):
TELEPHONE No (H): 078 391 8002

TELEPHONE No:
TELEPHONE No: 078 391 8002

EMAIL:
EMAIL: mnamathalisa@gmail.com

ADOPTION FEE:
ADOPTION FEE: R850

VEHICLE REG No:
VEHICLE REG No: CBS616325

DATE / DATUM: 20/02/2026

ADMISSION No.
TOELATINGSNR.

MA0384



Garden Route

UITPLASINGSKONTRAK

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

Hierdie diër is aan u oorhandig met die vertroue dat u die diër 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n diër gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie diër 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 diër 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 diër te hou nie sal ek nie besit van die diër 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 diër 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 diër.
- Ek sal die diër '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 diër te versorg en te huisves na die Vereniging se tevredenheid.
- Ek sal nie die diër vasketting of gehok hou nie, en aanvaar dat indien die diër wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
- Ek kan die dienste van 'n private veeartsnynkundige bekostig.
- Ek onderneem om die diër 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 diër siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die diër 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 diër gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my diër 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 diër 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 diër wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die diër in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die diër gebruik of toelaat dat die diër 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 diër 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 diër nie.

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

Lisa Nkgayi

ID/PASSPORT No.:
ID/PASPOORT Nr.: 9112150082083

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: KWITANSIE Nr
RECEIPT No.

VEHICLE MAKE:
VOERTUIG MAAK: TIGGO 4

COLOUR:
KLEUR: Gray

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING.

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIP NUMBER



992003000650492

VET OR WELFARE ORGANISATION

Vet Practice Name *

Vet Practice Number *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0783918022

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

E-mail * mnamathalissa@gmail.com

Title * MRS Initials * L

Surname * NKQAYI

Street 23 GCOTYANA STR.

City

Suburb

Area Code KWANONQABA

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 *

Date of Implant * 20-08-2026

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 * FELINE

Breed * DSH

Colour GINGER

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 _____ 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 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

Virbac



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0384DATE: 20/08/2026between Mosselbay SPCA

and

Name Lisa NkayiAddress 23 Grootfontein Street, KwanonqabaTelephone Numbers (H) _____ (B) 078 391 8022to have spayed / neutered / vasectomised (delete whichever is not applicable):Animal's Name _____ Sex Male Age 9 weeksDescription: Ginger DSHOn (due date) End September Adoption Form No. MA 0384on 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: [Signature] For SPCA: [Signature]

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : Vuyisile Nkomo
- Contact number : 018 189 1710
- Email address : Vuyisilenkomo@gmail.com

2. Additional family member/friend details

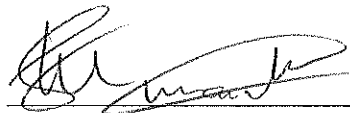
- Full name : _____
- Contact number: _____
- Email address : _____

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 its entirety.

Signature



Date

20/08/2026



ADMISSION No

T1808

PRE AND POST HOME INSPECTION FORM

PASSED: ☒ YES

DATE UNDERTAKEN: 18/08/2016 TIME: 13:05

NAME OF APPLICANT: Lisa Nhqayi

ADDRESS: 23 Gcotyana Street, Kwanongaba

HOME TEL No: CELL No: 078 391 8022

ANIMAL(S) ADOPTING: OSH

SEX: Ginger Male AGE: 9 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence:	Brick		Height of fence: 1.8m
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?	
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify:	wire 3 meter chain 2 meter
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property?	1

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	Doberman				
SEX	Female				
AGE	6 months				
STERILISED	YES ☐ / NO ☒	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Dog is on the 1/87 for Stene

Dog is on running wire when clothing is hanging

But mostly free roaming.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Christopher

SPCA: Mosselbag

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Grass

Grass

Grass

Door

Grass

Drinking feed

Gate

Sliding gate

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>CR 7</u>				ADMISSION No. <u>T 1808</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	<u>31/07/26</u>		Time In	<u>13:30</u>	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>31/07/26</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>31/07/26</u>	Microchip or ID Tag number	<u>None</u>	

DESCRIPTION & HISTORY	Dog	<u>Cat</u>	Other species (Specify)			
	Breed	<u>DSH</u>	Colour and Markings <u>Orange</u>			
	Condition	<u>fair</u>	Sex	<u>♀</u>	Age	<u>juvenile</u>
	Temperament	<u>friendly</u>	Sterilisation Details	<u>None</u>	Name	<u>Cracknell</u>
	Coat <u>short</u>	Tail <u>long</u>	Teeth Condition <u>good</u>	Ears <u>W</u>	Size	<u>small</u>
	Area found / collected from <u>EXT 13</u>					Date <u>31/07/26</u>
	Reason for surrender <u>Uninvited</u>					

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

Surrendered by	☒ Name	<u>Raydon Bernardo</u>
Found by		
Residential Address	<u>91 Brumfield Str</u>	
	<u>EXT 13</u>	
Postal Address	<u>none</u>	
Tel (H)	<u>none</u>	Tel (W) <u>none</u>
		Cell <u>0631206824</u>
Email	<u>none</u>	
Donation R	<u>none</u>	Cash ☐ Card ☐ EFT ☐ (Receipt No.) <u>none</u>

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: EVER

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 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 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 ongestertiliseer 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: _____

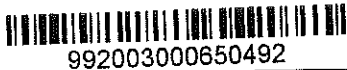
Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microch and ID t



992003000650492

Date

20/08/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
05/08/26	vaccinate + milpro		

PTS APPROVAL

NAME

SIGN

MY OWNER

NAME
Lisa Nkoyayi

POSTAL ADDRESS

STREET ADDRESS
23 Gcanyana Street

Kwanongqaba

HOME PHONE

WORK PHONE

CELLPHONE

078 391 8022

EMERGENCY DETAILS

ME

SPECIES
Feline

BREED
OSH

COLOR
Ginger

SEX
Male



992003000650492

NEXT VACCINATION DUE

DATE DATE

02/09/26

I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE

05/08/20



[Signature]

I WAS VACCINATED ON

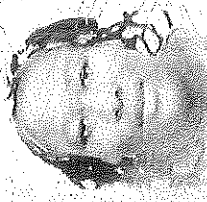
DATE VACCINE AND BATCH NO. VET SIGNATURE

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® Rabies (Reg. No. G2207 Act 36/1947), Quantel® Tablets (Reg. No. G2717 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.



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD



Signature: 

Suriname: NKQAYI
Names: LISA
Sex: F
Nationality: RSA
Identity Number: 9112150082083
Date of Birth: 15 DEC 1991
Country of Birth: RSA
Status: CITIZEN

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
Per enquiry or verification purposes contact 0800 00 11 90

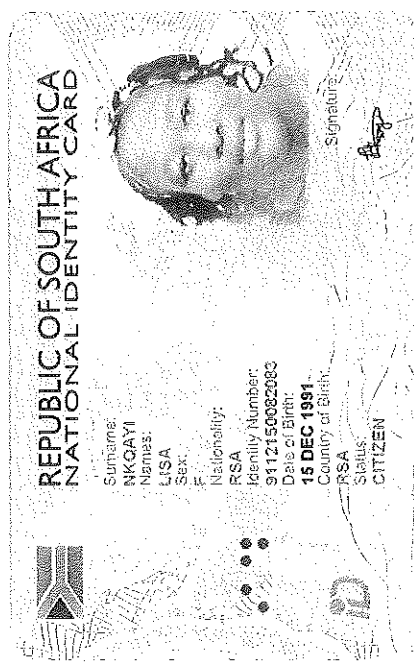
Date of Issue:
14 JAN 2020

112389275



112389275





REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
NKQAYI
Names:
LISA
Sex:
F

Nationality:
RSA
Identity Number:
9112150082083

Date of Birth:
15 DEC 1991
Country of Birth:

RSA
Status:
CITIZEN

Signature

[Signature]



ID

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, please contact 0800 60 11 90

Date of Issue:
14 JAN 2020



112389275

