

- ☒ 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 Date
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

CONTRACT NO.

M 40387

ACCREDITED (MFC)

Name & Surname Ilse Duocan

Contact INFO: 078 943 8535

26/08/26



992003000651218

Completed by: _____

Date: 24/08/26

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 ✓

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIP NUMBER



992003000651218

VET OR WELFARE ORGANISATION

Vet Practice Name *

Vet Practice Number *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0789438535

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

E-mail * iisedunc@gmail.com

Title * MS Initials * I

Surname * DUNCAN

Street * 1 PARK AVE

City * KLEINBRAK

Suburb

Area Code

Country

Province

Phone - Day time

Phone - Night time

OTHER CONTACTS

Title * Initials *

Surname *

Cell No. *

Title * Initials *

Surname *

Cell No. *

Title * Initials *

Surname *

Cell No. *

CHIP DETAILS

Registration Date * 26-08-2026

Date of Implant * 24-08-2026

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 * CANINE

Breed * GREAT DANE X

Colour * BROWN

Markings

Gender ☒ Male ☐ Female

Sterilised ☒ Yes ☐ No

KENNEL UNION OF SOUTH AFRICA (KUSA)

MEDICAL

Are you a KUSA Registered Member? ☐ Yes ☐ No

Medical Conditions

KUSA Registration Number

Medical Insurance Company

Pet Registered Name

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

I WAS DEWORMED ON

DATE PRODUCT DATE PRODUCT

18/10/10 Pak
21.11.25 Endoret
05/01/06 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

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

DOCTOR'S NAME

21-8-2006
Dr. E. D. D. D.

Quantel Plus **Exitel Plus** **Exitel Plus XL**

DEWORMER FOR DOGS AND CATS

DEWORMING FOR PUPPIES AND KITTENS

NOTE TO MY OWNER

Regular treatments as prescribed by my veterinarian and repeating every 2 weeks for under 12 weeks of age and every 3 months when the older are very important for keeping me healthy!

PRACTICE STAMP



Animal Health

Internet South Africa (Pty) Ltd, Reg. No. 1991/006590/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msda-animal-health.co.za ZA-NOV-21/200001

VACCINE RECORD CARD

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

PARASITES

DOG PARKS

SHARED TOYS

CONTAMINATED WATER

SHOES & CLOTHING

HOUSE GUESTS

VISITING PETS



THE ENVIRONMENT



PET'S NAME

Hulk Hark

DATE

09/11

PDSA Soweto
1133 Nancefield Mboka Road
Mofolo South, Soweto
Tel: (011) 984 4340

PDSA Pimville **PDSA George**
5866 Mokeka Street **PDSA George**
Zone 5, Pimville **George**
Tel: (011) 933 2608
NPO No: 003286 **041 5155000**

MY OWNER

NAME Elise Duncan
 POSTAL ADDRESS 1 Park Ave
Kleinburg
 PHONE 0789438535
 BREEDER DETAILS Booked

ME

Co Ann
Brown
Male
Quebec



992003000651218

NEXT VACCINATION DUE

DATE DATE

08/11/20
3-4 weeks (11-12)

I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE

24-11-25 2010
8-2-26 2010
05/08/26 2010

Virbac Canigen® DHPPi 9PN8 JAN 27
DEFENSOR 8
SER 780794
EXP 06MAY28

Virbac Canigen® L 9PN8 JAN 27
DEFENSOR 3
SER 803484
EXP 31OCT26

Virbac Canigen® DHPPi 9PN8 JAN 27
DEFENSOR 8
SER 780794
EXP 06MAY28

Virbac Canigen® L 9PN8 JAN 27
DEFENSOR 3
SER 803484
EXP 31OCT26

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's 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. G2717 Act 36/1947) Contains Praziquantel (isogonol) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet. Exital Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. Exital 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.



Nobivac®

Exital Plus

Exital Plus XL

Bravecto®



facebook.com/BravectoSouthAfrica



99 200 300 065 1218

ADMISSION No

T 1450

PRE AND POST HOME INSPECTION FORM

PASSED:

YES

DATE UNDERTAKEN:

19/08/16

TIME:

14:47

NAME OF APPLICANT: Ilse Duncan

ADDRESS: 1 Park Avenue, Kleinbrak

HOME TEL No:

CELL No:

078943 8535

ANIMAL(S) ADOPTING: Great Dane X

SEX:

Male

AGE:

10 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence:	wooden fence		Height of fence: 1.8 meter
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:	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property?	None

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED					
SEX					
AGE					
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY:

Chris Gough

SPCA:

Mosselbay

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

wooden fence

wooden fence

grass

small gate

Walk way

grass

sliding gate

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>Surrender 31 15131 7</u>			ADMISSION No. <u>T 1450</u>		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated
Date In	<u>24/07/26</u>		Time In	<u>14:12</u>	Date for release
					Request for euthanasia

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>24/07/26</u>
Microchip/Collar or ID tag found	☐ Yes ☒ No	Date scanned or checked	<u>24/07/26</u>	Microchip or ID Tag number	<u>None</u>	

DESCRIPTION & HISTORY	Dog ☒	Cat	Other species (Specify)			
	Breed	<u>X Breed</u>	Colour and Markings <u>Brown</u>			
	Condition	<u>Fair</u>	Sex	<u>♂</u>	Age	<u>1</u>
	Temperament	<u>Friendly lots of energy</u>	Sterilisation Details	<u>No</u>	Name	<u>Hulk</u>
	Coat	<u>S</u>	Tail	<u>IL</u>	Teeth Condition	<u>Fair</u>
			Ears	<u>Down</u>	Size	<u>Med</u>
	Area found / collected from	<u>Reebok</u>				Date
Reason for surrender						<u>Cat kept the dog</u>

ASSESSMENT		
GOOD WITH:	YES	NO
Children		
Cats		
Other dogs		
Livestock / Other		
DO THEY:		
Jump Fences		
Run Away		
COMMENTS:		
<u>[Handwritten notes]</u>		

Surrendered by	Name	<u>Martha Jankowitz</u>
Found by		
Residential Address	<u>22 Reebok Lane</u>	
Postal Address	<u>6503</u>	
Tel (H)	Tel (W)	Cell
		<u>0824428891</u>
Email	<u>jankowitzmartha@gmail.com</u>	
Donation R	Cash	Card EFT (Receipt No.)

PLEASE INSIST ON A RECEIPT

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

STATEMENT OF SURRENDER

I do hereby certify that I **DO / DO NOT** own the animal/s described above, that **IT IS / IT IS NOT** a stray and I **DO / DO NOT** know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age.

Also see "Conditions" on reversed side.

Hiermee verklaar ek dat ek dier/e hierbo beskryf **BESIT / NIE BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdruklik ooreengekom dat nog die DBV nog sy amtenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die "Voorwaardes" op die agterblad.**

Signature	Witness for Society
<u>[Signature]</u>	<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 / 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 ongesteëliseer 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



Date 24/08/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
21/8/26	Castrate		

PTS APPROVAL

NAME	SIGN

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : Stewart Frase
- Contact number : 073 426 2859
- Email address : stewfraser69@gmail.com

2. Additional family member/friend details

- Full name : Tony Smuts
- Contact number: 083 3080890
- Email address : tonysmuts@live.com

3. Precious SPCA Adoption

- Have you previously adopted from SPCA (Yes/No) Yes
- If yes, when? 2009
- Where? Pretoria
- What animal did you adopt? Dog

I, the adoptee, confirm that I have read and fully understand the adoption contract in it's entirety.

Signature



Date

24 Aug 2026

OUTENIQUA CARAVAN PARK



1 Outeniqua Ave.

Klein Brak River

6503

info@outeniquacaravanpark.co.za

www.outeniquacaravanpark.co.za

TO WHOM IT MAY CONCERN

DATE: 24 / 08 / 2026

I, the undersigned, Antonie Smuts, in my capacity as the co-owner of Outeniqua Caravan Park, hereby confirm the following: That Ms. **Ilse Duncan** (South African ID Number: **8705270071083**), as the co-owner of Outeniqua Caravan Park has been residing permanently at the below-mentioned address since 01 July 2021.

Residential Address:

Outeniqua Caravan Park - 1 Park Avenue

Kleinbrak River

Mossel Bay

6503

South Africa

I further confirm that the above-mentioned address serves as her current and lawful residential address.

Should any additional information or verification be required, please feel free to contact me directly.

Yours faithfully,

Antonie Smuts

Co-owner – Outeniqua Caravan Park

Contact Number: +27 79 274 4408

Outeniqua Caravan Park

Kleinbrak River

079 274 4408

083 308 0890



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:

DUNCAN

Names:

ILSE

Sex:

F

Nationality:

RSA

Identity Number:

8705270071083

Date of Birth:

27 MAY 1987

Country of Birth:

RSA

Status:

CITIZEN



Signature



Conditions:

Date of issue:

This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997

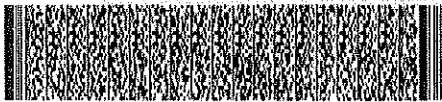
21 NOV 2017

846600

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 00



105410012



APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Ms Ilse Duncan

HOME ADDRESS: 1 Park Ave
Kleinbrak River ID NO.: 8705270071 083

POSTAL ADDRESS: _____

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

CELL NO: 078 943 8535 FAX NO: _____

EMAIL: ilsedunc@gmail.com

Address where animal will be kept: 1 Park Ave, Kleinbrak River

Occupation: Account Manager (work remotely)

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

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

Reason for wanting animal: Companion

Is the animal for yourself? Family → 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? Great dane, wire haired, poodle

Can you afford private fees? Yes Who is your vet? Groft Animal Hospital

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

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? 2 OTHER? _____

Which animals do you still have, and what happened to the others? 1, my bf took the other

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

Full description of the fencing and gate: Picket fence then walls Height: 1.8m

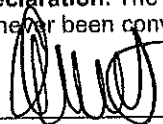
What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER ✓

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

Pre Home Inspection Fee: £100 Receipt No: 10903

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



Date of application 13/08/26

ADMISSION No. TOELATINGSNR.

MA0387



ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female
Micro	992003000651218	

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

- 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)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters):

HOME ADDRESS
WOONADRES: 1 Park Ave, Kleinbrak

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

CELL No:
SELFPOON Nr: 078 943 8535

E-MAIL:
E-POS: ilse.duncan@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

VEHICLE REG No.
VOERTUIG REG Nr:

SIGNATURE
HANDTEKENING:

DATE / DATUM: 24 Aug 26



Garden Route

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

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

- 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 gewoonde 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 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 weerdheid 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.

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8705270071083

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: KWITANSIE Nr
RECEIPT No.

VEHICLE MAKE:
VOERTUIG MAAK: Honda COLOUR: Charcoal
KLEUR:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING: