



## ADOPTION CONTRACT

|                                                  |       |              |             |               |           |
|--------------------------------------------------|-------|--------------|-------------|---------------|-----------|
| DOG/CAT                                          | Breed | Jack Russell | Male/Female | ADMISSION NO: | AIFU09352 |
| Microchip and or ID Tag Number:- 900141000947882 |       |              |             |               |           |

This animal has been adopted by 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:

1. I am over eighteen (18) years of age.
2. All family members agree to the adoption and will abide by the conditions in the contract.
3. 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. If 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. If 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.
4. I will give the animal a fair chance to adjust to its new home.
5. I understand that donations are not refundable or transferable.
6. I will feed and house the animal to the Society's satisfaction.
7. 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.
8. I can afford the services of a private veterinary practitioner.
9. I will ensure that vaccinations, de-worming, tick and flea treatment are kept up to date, and in the case of injury or illness, professional veterinary treatment will be provided.
10. I understand that in the 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.
11. I will ensure that the animal is sterilised as stipulated by the Society.
12. I undertake to ensure that the animal always has identification, either in the form of a microchip or a collar and tag – only **elasticized or quick-release collars** may be used for cats.
13. My property is adequately enclosed, and at no time shall I knowingly allow my dog to roam the streets.
14. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
15. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
16. I will permit an authorised officer of the 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.
17. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
18. I will notify the Society of any change of address in writing by registered post within seven (7) days.

**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.**

**I agree to never harm, neglect, abuse, or abandon the animal that I adopt.**

**I confirm that I have never been convicted or charged with cruelty or neglect of any animal.**

ADOPTER NAME & SURNAME - Prof/Dr/Mr/Mrs/Ms (including initials):

Kristian Aspesberger

HOME ADDRESS: Platz Nollgedäch

ID/PASSPORT NO.: 651225 5100001

TEL NO (H):

(B):

CELL NO: 0826005229

FAX NO:

EMAIL: admin@lpees.co.za

ADOPTION FEE R1100.00

cash / card/ eft

DONATION:

RECEIPT No.

VEHICLE REG. No.

VEHICLE MAKE:

COLOUR

SIGNATURE:

WITNESS FOR SOCIETY:

SOCIETY WITNESS NAME and SURNAME:

Theriza Muller

DATE: 24/07/2025