

ADOPTION CHECKLIST

- ☒ 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 30/05/24 DR. Muller
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number

ADMISSION NO:

MBY

2691-24

CONTRACT NO:

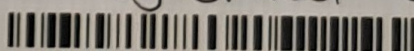
MBY0093

Adoptee INFO:

Name & Surname Shara du Preez

Contact INFO: 073 33 32116.

Registered 01/06/24.



992003000356187

Completed by: Kay levers

Date: 31/05/2024

Manager:

[Signature]

Date: 31/05/2024

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded



Garden Route

KENNEL No. 005 C3				ADMISSION No. MBY2691-24		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	13/04/24		Time in	09:55	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	13/04/24
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	13/04/24	Microchip or ID Tag number		

DESCRIPTION & HISTORY	Dog	<u>Cat</u>	Other species (Specify)			
	Breed	DSH	Colour and Markings		Black & white	
	Condition	Fair	Sex	♂	Age	2 months
	Temperament	Good	Sterilisation details	No	Name	
	Coat <u>Short</u>	Tail <u>long</u>	Teeth Condition <u>Fair</u>	Ears <u>up</u>	Size <u>Small</u>	
	Area found / collected from					Date
	Brought into SPCA					13/04/24
	Reason for surrender					
can't afford to keep them						

ASSESSMENT		Surrendered by ☒		Name		KITTY THIELE	
GOOD WITH:		Yes	No	Found by			
Children				Residential Address		21 Tormyn street	
Cats						Fairview	
Other Dogs				Postal Address		Hoselburg	
Livestock/Other				Tel (H)		Tel (W)	
DO THEY:		Yes	No			Cell 0671767067	
Jump Fences				Email		kitty.thiele@gmail.com	
Run Away				Donation R		N/A	
COMMENTS:				Cash		Card	
				EFT		(Receipt No.) N/A	

PLEASE INSIST ON A RECEIPT

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

STATEMENT OF SURRENDER

I do hereby certify that I DO / I DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray and I DO / I 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 amptenare, 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	Refer to MBY 2685	Witness for Society	
FOR OFFICE USE: PENDING ADOPTION		Details of second Applicant	
Details of first Applicant		Details of third Applicant	

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ On Date: _____



ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALSPASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN:

28/05/24

TIME:

11:00

NAME OF APPLICANT: Sharn du PreezADDRESS: OH 47 Bella Vista, RuimsigHOME TEL No: _____ CELL No: 0733332116ANIMAL(S) ADOPTING: CatSEX: MaleAGE: 3 months**PRE- HOME INSPECTION:**

PROPERTY DESCRIPTION			
Type and height of fence: <u>Wire Fence</u>	Suitability of fence (i.e. small pets can't escape):		
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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	<u>Schnauzer</u>				
CONDITION	<u>good</u>				
WELFARE (good?)	<u>good</u>				
SEX & AGE	<u>Male / adult</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
<u>Cat will be living at a farm.</u>
<u>Cat will go to a nice home</u>

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☐ CATS
☐ MEDIUM DOGS

- ☐ SMALL DOGS
☐ LARGE DOGS

INSPECTED BY:

KURT

SPCA:

Mosselbay

SIGNATURE:

POST HOME INSPECTIONS

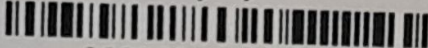
DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Sharn du Preez
POSTAL ADDRESS	
STREET ADDRESS	OH 47 Bella Vista Ruiterbos
HOME PHONE	
WORK PHONE	
CELLPHONE	073 333 2116
BREEDER DETAILS	

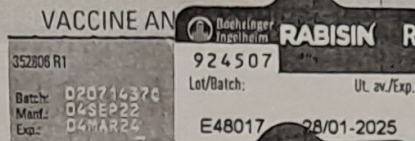
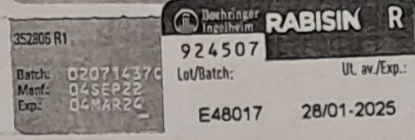
ME

SPECIES	Feline
BREED	DSH
COLOUR	Black
SEX	Male
DATE OF BIRTH	1 April 2024
MICROCHIP/TATT	 992003000356187
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
May 2025		

I WAS VACCINATED ON

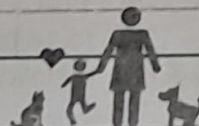
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9/4/24	 352806 R1 924507 Lot/Batch: 02071437C Exp.: 04SEP22 04MAR24 E48017 28/01-2025	WA
20/5/24	 352806 R1 924507 Lot/Batch: 02071437C Exp.: 04SEP22 04MAR24 E48017 28/01-2025	WA
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

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!

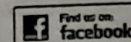
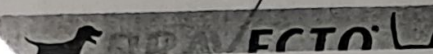
Nobivac® DHPPI (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2104 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), Nobivac® Tricat Trio (Reg. No. G3712 Act 36/1947), Nobivac® Rabies (Reg. No. G2207 Act 36/1947), Quantel® Tablets (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.



Quantel

Exitel Plus

Exitel Plus XL



facebook.com/BravectoSouthAfrica

ADOPTION CHECKLIST

ADMISSION NO:

MBY 269174

CONTRACT NO:

MBY0093



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 30/05/24 DR. Muker



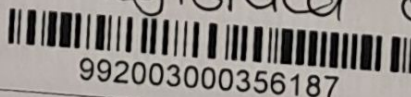
Copy of Vaccination Record/ Certificate



Microchip

Microchip Registration- chip number

Registered 01/06/24



992003000356187

Completed by: Kay levers

Date: 31/05/2024

Manager: [Signature]

Date: 31/05/2024

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

LOADED



Garden Route

KENNEL No. 005 C3				ADMISSION No. MBY2691-24		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	13/04/24		Time in	09:55	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	13/04/24
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	13/04/24	Microchip or ID Tag number			

DESCRIPTION & HISTORY	Dog	<u>Cat</u>	Other species (Specify)				
	Breed	DSH	Colour and Markings		Black & white		
	Condition	Fair	Sex		♂		
	Temperament	Good	Sterilisation details		No		
	Coat	Short	Tail	long	Teeth Condition	Fair	
	Ears	up	Size		Small		
	Area found / collected from	Brought into SPCA				Date	13/04/24
	Reason for surrender	can't afford to keep them					

ASSESSMENT			Surrendered by: ☒ Name			KITTY THIELE		
GOOD WITH:	Yes	No	Found by					
Children			Residential Address			21 Torny's Street		
Cats						Fairview		
Other Dogs			Postal Address			Mosselbay		
Livestock/Other			Tel (H)			Tel (W)		Cell
DO THEY:	Yes	No						0671767067
Jump Fences			Email			kitty-thiele@gmail.com		
Run Away			Donation R			Cash	Card	EFT
			N/A					(Receipt No.)
								N/A

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 / I DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray and I DO / I 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 dlt 'n RONDLOPER / NIE RONDLOPER NIE is, en dat ek WEET / NIE WEET waar dlt vandaan kom nle. 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 amptenare, 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 Refer to MBY 2685 Witness for Society [Signature]

FOR OFFICE USE: PENDING ADOPTION		Details of second Applicant	
Details of first Applicant		Details of third Applicant	

laimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ On Date:



ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN:

28/05/24

TIME: 11:00

NAME OF APPLICANT: Sharn du Preez

ADDRESS: OH 47 Bella Vista, Ruiterbos

HOME TEL No:

CELL No: 0733332116

ANIMAL(S) ADOPTING: Cat

SEX: Male

AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION

Type and height of fence: Wire Fence	Suitability of fence (i.e. small pets can't escape):
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? Specify:
Any hazards? (pool, rubble, razor wire, etc) YES ☐ / NO ☒	How many animals are on the property?
Does applicant live at the address? YES ☒ / NO ☐	

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	Schnauzer				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	Male / adult	/	/	/	/
STERILISE	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Cat will be living at a farm.
 Cat will go to a nice home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS☐ SMALL DOGS☐ MEDIUM DOGS☐ LARGE DOGS

INSPECTED BY: KURT

SPCA: Maseberry

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ME YOWNER

NAME: Shann du Preez

POSTAL ADDRESS: _____

STREET ADDRESS: 0 H47 Bella Vista
Ruiterbos

HOME PHONE: _____

WORK PHONE: _____

CELLPHONE: 071 333 2116

BREEDER DETAILS: _____

ME

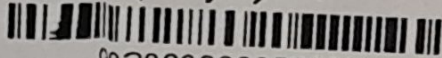
SPECIES: Feline

BREED: Wsh

COLOUR: Black

SEX: Male

DATE OF BIRTH: 1 April 2024

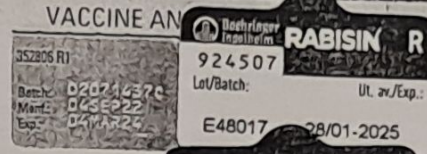
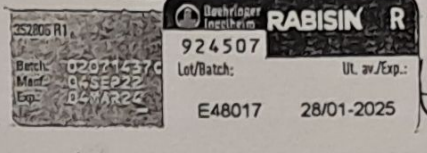
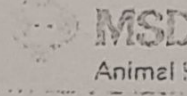
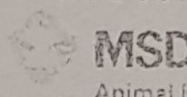
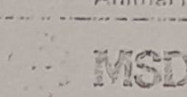
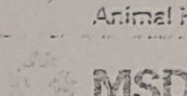
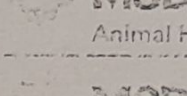
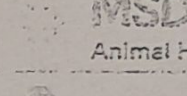
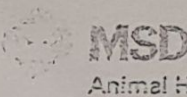
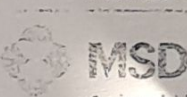
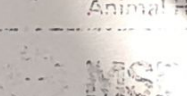
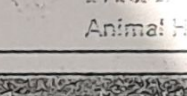
MICROCHIP/TAT: 
992003000356187

FEATURES/MARKS: _____

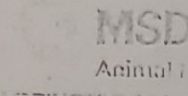
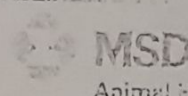
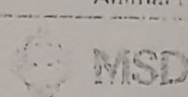
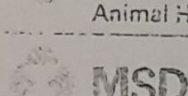
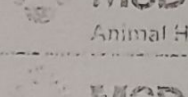
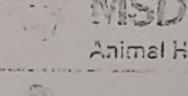
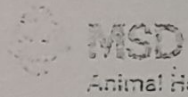
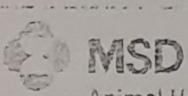
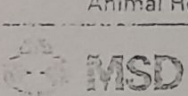
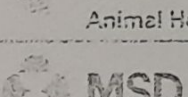
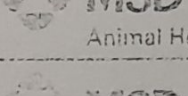
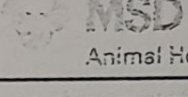
NEXT VACCINATION DUE

DATE	DATE	DATE
<u>May 2025</u>		

I WAS VACCINATED ON

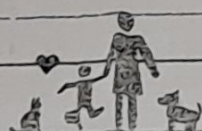
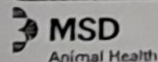
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<u>9/4/24</u>	 924507 E48017 28/01-2025	<u>W A</u>
<u>20/5/24</u>	 924507 E48017 28/01-2025	<u>W A</u>
		
		
		
		
		
		
		
		
		
		
		

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 protection 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!

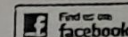
Nobivac® DHPPI (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G3712 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), Nobivac® Tricat Trio (Reg. No. G3712 Act 36/1947), Nobivac® Rabies (Reg. No. G2207 Act 36/1947), Quantel® Tablets (Reg. No. G2717 (Act 36/1947) Contains Praziquantel (isoquinoline) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg), 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. G4226 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.



Quantel

Exitel Plus

Exitel Plus XL





Property@Sea

SALES | RENTALS & PROPERTY MANAGEMENT

Making dreams reality

HUURKONTRAK

Aangegaan en gesluit deur en tussen

Naam & Van: Cl Violante

ID/Reg/BK: 610424 5014083

[hierna genoem die "VERHUURDER"]

En

Naam & Van: Sharn Du Preez

ID/Reg/BK: 011 3500 3081

[hierna genoem die "HUURDER"]

Die VERHUURDER verhuur hiermee aan die HUURDER [hierna genoem die "VERHUURDE EIENDOM"]

Bella Vista, Ruitersbos

onderhewig aan die volgende terme en voorwaardes:

DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO

SADC



SOUTH AFRICA

S DU PREEZ

ID No: 02/8201135003081

HALE

Birth/Geboorte: 13/01/1982 ZA Restr./Beperk.: 0

Lic No./Lisensiennr.: 60150001DXZ7 No.: 1

Valid/Geldig: 14/04/2022 - 15/04/2027

Issued/Uitgereik: ZA

Code/Kode:

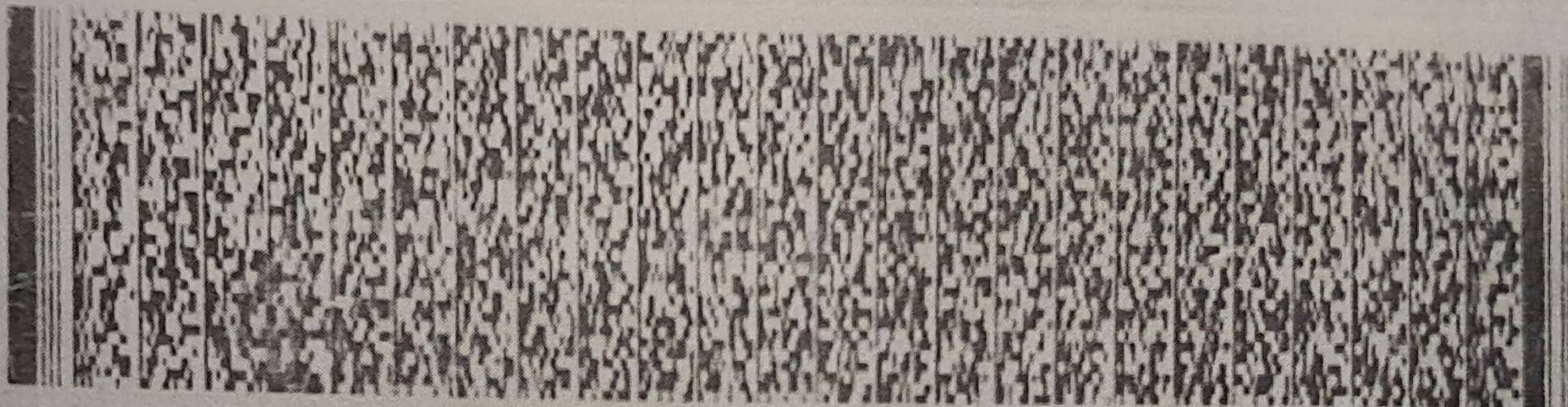
Ver. restr./Voertuigbeperking:

First Issue/Eerste uitreiking:

B
0

16/11/2000





DRIVER RESTRICTIONS

- 0 None
- 1 Glasses / Contact lenses
- 2 Artificial limb

PrDP CATEGORIES

- P Passengers
- G Goods
- D Dangerous goods

VEHICLE RESTRICTIONS

- 0 None
- 1 Automatic transmission
- 2 Electrically powered
- 3 Physically disabled
- 4 Bus > 16000 kg (GVM) permitted

A		A1		≤ 125 cc
B				GVM ≤ 3500 kg
				≤ 750 kg
C1				GVM ≤ 15000 kg
C				GVM > 16000 kg
EB		EC1		
EC		EC		



Black

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): Sharn duPreez

HOME ADDRESS: 447 Bella Vista, Ruitersbos.

ID NO.: 8201135003081

POSTAL ADDRESS: Same

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

CELL NO: 0733332116 FAX NO: _____

EMAIL: sharndupreez@gmail.com

Address where animal will be kept: Same

Occupation: Construction

Do you own or rent your property: ~~Yes~~ Rent Do you have consent from owner / Body Corporate? Yes

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

Reason for wanting animal: I love animals

Is the animal for yourself? _____ YES/NO YES

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary _____ YES/NO NO

What breed of dog or cat are you interested in? DSH

Can you pay private fees? Yes Who is your vet? _____

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

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

Are all your animals sterilised? Give details Yes

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: Wire fence Height: 1.3m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER Indoors

Have you previously had pets from an SPCA? No Are there children under 10 in your household? No

Pre Home Inspection Fee: R100 Receipt No: 3432

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 23/4/24



Garden Route

DOG / CAT	Breed	Male / Female
Microch		

992003000356187

This animal, 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 get lost.
- I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
- I have authorised an 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 in the Society's opinion, the terms of this policy are not reasonably adhered to.
- I will not use or allow the animal to be used as a watchdog on any residential 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: 04 41 Belb Vista, Ruiterbos

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

CELL No:
SELFOON Nr: 073 33 32116

E-MAIL: shairdupreez@gmail.com
E-POS:

ADOPTION FEE: R750
AANEMINGSVOOI: cash / eft / card
kontant / eft / kaart

VEHICLE REG No. CBAS3600
VOERTUIG REG Nr. VEHICLE MAKE: BMW
VOERTUIG MAAK:

SIGNATURE
HANDTEKENING:

DATE / DATUM: 15/24



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 tuisle 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 klient skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuisle 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.

Shair du Preez

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8201135003081

(B):
(W):
FAX No:
FAKS Nr:

DONATION: KWITANSIE Nr MBY3489
DONASIE: RECEIPT No.

COLOUR: Goud
KLEUR:

WITNESS FOR SOCIETY: h. Joseph
GETUIE VIR VEREENIGING: