

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 27/08/2024
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 992003000486999

ADMISSION NO:

MBY 3320

CONTRACT NO:

MA 00018T

Adoptee INFO:

Name & Surname Martin Dawid Jakobus

Contact INFO: 083 2313477

Completed by: [Signature]

Date: 29/08/2024

Manager: [Signature]

Date: 29/08/2024

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 No.
TOELATINGSNR.

MBY 3320



Garden Route

ADOPTION CONTRACT

MA00018T

DOG / CAT	Breed	Male / Female
Microchip and or ID Tag Number		

992003000486999

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: 21 P. Scabra, Danabaraai

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

CELL No:
SELFOON Nr: 0832313477

E-MAIL:
E-POS: dewald@collaburisk.co.za

ADOPTION FEE:
AANEMINGSVOOL: R750

VEHICLE REG No.
VOERTUIG REG Nr: DOITNOW WP

SIGNATURE
HANDTEKENING:

DATE / DATUM: 29-08-24



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 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 familieliede 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 onkosies 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 onkosies wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt 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 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 naam 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 weereedheid of verwaarloosing van enige dier nie.

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

MR Martin Dawid Jakabus

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8507015176080

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: R200

VEHICLE MAKE:
VOERTUIG MAKE: VW

COLOUR:
KLEUR: wit

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

ADMISSION, ASSESSMENT AND HISTORY RECORD

LOADED



Garden Route

KENNEL No. <u>EB2 C1</u>				ADMISSION No. <u>MBY3320</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>17/07/24</u>		Time in	<u>14:30</u>	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>17/07/24</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>17/07/24</u>	Microchip or ID Tag number		

DESCRIPTION & HISTORY	Dog	<u>Cat</u>	Other species (Specify)			
	Breed	<u>DSH</u>	Colour and Markings <u>Ginger</u>			
	Condition	<u>Fair</u>	Sex	<u>♀</u>	Age <u>3 months</u>	
	Temperament	<u>Good</u>	Sterilisation details	<u>NO</u>	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 <u>Brought in</u>					Date <u>17/07/24</u>
	Reason for surrender <u>Can't afford</u>					

ASSESSMENT		Surrendered by ☒ Name <u>Shauné Titus</u>	
GOOD WITH: Yes No		Found by	
Children	☐	Residential Address <u>8 Beachcroft Str</u>	
Cats	☐	<u>Highway Park</u>	
Other Dogs	☐	Postal Address <u>N/A</u>	
Livestock/Other	☐	Tel (H) <u>N/A</u> Tel (W) <u>N/A</u> Cell <u>0782564688</u>	
DO THEY: Yes No	☐	Email <u>N/A</u>	
Jump Fences	☐	Donation R <u>N/A</u> Cash Card EFT (Receipt No.) <u>N/A</u>	
Run Away	☐		
COMMENTS:			

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 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 uitdrukk 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 <u>Refer to MBY3317</u>	Witness for Society <u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
	Details of third Applicant

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.

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 dien verstande dat die Vereniging 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. 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.

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 Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Any charges endorsed hereon are due and payable on request.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. The Society will not home any animal unsterilised.

4. Die Vereniging sal geen dier plaas wat ongesteryliseer 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: _____

E-mail 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	Yes	Microchip / ID tag details
	No	

Date _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
19/7/24	Ante-walk + rabies		
	Nx1 - 19/8/2024		
16/8/24	Ante-walk + rabies		
	Nx1 - Aug 2025		

PTS APPROVAL

NAME

SIGN

5769

KENNEL /CAGE #	CB2	DATE	
CARD #	MBY 3320	BREED	OSH
COLOUR	Ginger	STRAY/SURRENDER	SURRENDER
ANIMAL NAME		MALE/FEMALE	Female
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED	NO	AGE	

GENERAL HEALTH CHECK		
EARS	NAD	
EYES	NAD	
TEETH	NAD	
NOSE	NAD	
LUNGS	NAD	
HEART	NAD	
ABDOMEN	NAD	
HIP	NAD	
SKIN&COAT	NAD	
FIT FOR ADOPTION	YES	NO
COMMENTS:		



APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

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

NAME - Prof/Dr/Mr/Mrs/Ms (Including Initials): MNR Martin Dawid JakobusHOME ADDRESS: 21 P. Scabra DanaBaaiID NO.: 8507015176080

POSTAL ADDRESS: _____

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

CELL NO: 0832313477 FAX NO: _____E-MAIL: dewald@collabrisk.co.zaAddress where animal will be kept: 21 P. Scabra DanaBaaiReason for wanting an animal: Animal LoverOccupation: FotografDo 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/NO

Reason for wanting an animal: _____

Is the animal for yourself? _____ 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? _____

Can you afford private veterinary fees? Yes Who is your vet? DanaBaai VetHow many animals live on your property DOGS 3 CATS _____ OTHER _____What are the sexes of your animals? DOGS: Male _____ Female X CATS: Male _____ Female _____Are all your animals sterilised? Give details YesHow many dogs and cats have you owned over the past 3 years? DOGS 3 CATS 1 OTHER _____Which animals do you still have, and what happened to the others? still 3 dogs cat Run awayIs your property fenced and has a proper gate? yes Will you chain/cage an animal? _____Full description of the fencing and gate: Clear view Height: 1.5m 2m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER _____

Have you previously had pets from an SPCA? N Are there children under the 10 years in your household? _____

Pre Home Inspection Fee: _____ Receipt No.: _____

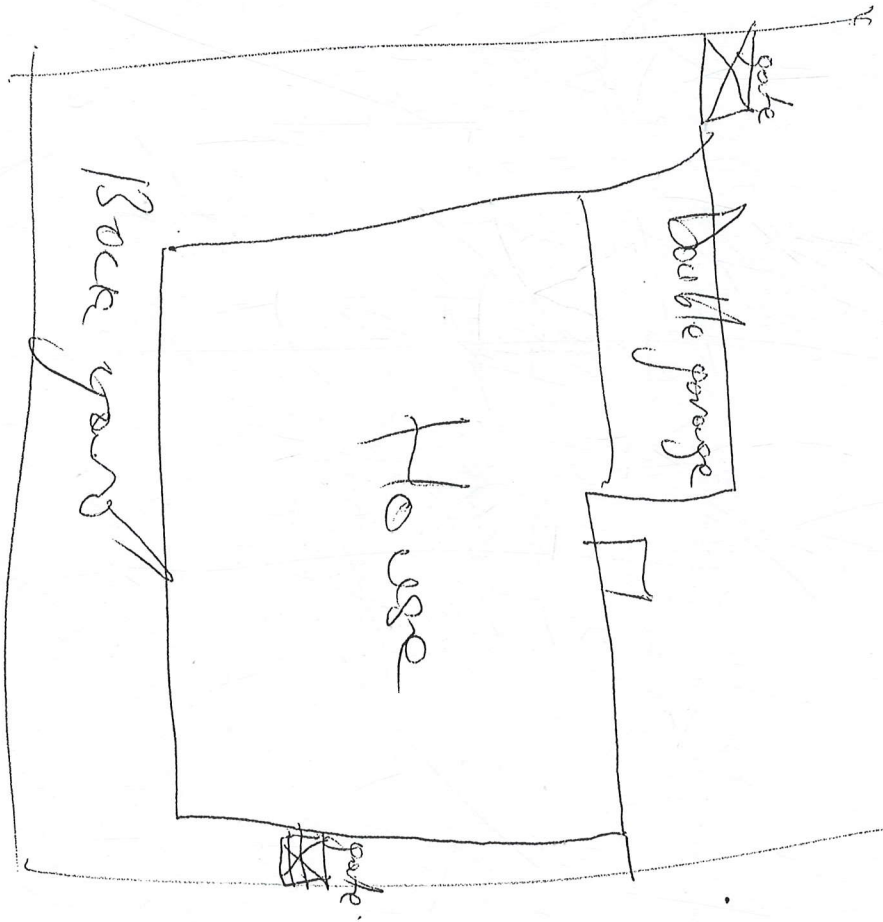
Declaration: The above information is true and correct

I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT

Date of application 20-08-24

Street



HEA
+27
BRA
Bere
+27
Pret
+27
Benc
+27
Gaba
+26

I

I.D. No. 850701 5176 08 0

S.A. BURGER/S.A. CITIZEN

VAN/SURNAME
RAS

VOORNAME/FORENAMES
MARTIN DAVID JAKOBUS

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1985-07-01

DATUM UITGEREIK
DATE ISSUED
2001-09-05

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS





MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

Naam:
RAS MDJ
Ligingsadres:
21 P SCABRASTRAAT DANABAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DATUM	BESONDERHEDE	LESINGDATUM: 06/06/24	BEDRAG
21/06/2024	BALANS OORGEBRING ELEKTRISITEIT 09/05/2024-06/06/2024 BASIES 377.74 VAT/BTW 56.66		2101.45 434.40 *
21/06/2024	AMR1211361WATER 08/05/2024-06/06/2024 721 - 743 (22 KI 29 Dae) BASIES 224.17 07/23 5.72 0.000 = 13.35 9.186 = 2.83 11.942 = 57.27		439.07 *
21/06/2024	VAT/BTW VULLIS RIJOL BELASTING PAAIEMENT KWITANSIES Balans Oorgedra		274.89 * 316.44 * 613.40 2101.45 - 0.20 -
21/06/2024	BTW OP ... ITEMS: 191.05 ACB TOT: 0.00		

VAT No. / BTW Nr. 4830118370

✉ 101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betalings Besonderhede

Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
Verwys. Nr.: 860075490050

EasyPay
>>>>>915268600754900506

pay@
11379 860075490050

Message / Boodskap

Standard Bank is now the Primary banker for the
MOSSEL BAY MUNICIPALITY.

Municipal customers, service providers, members
of the public and various stakeholders are therefore
informed of the new banking partner for the
MOSSEL BAY MUNICIPALITY.

The municipality has been added as a predefined
beneficiary on the Bank Directory.

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	2078.20	2078.00
BETALINGS MOET OP OF VOOR DIE VERVALDATUM GEMAAK WORD				
BETAALBAAR OP 15/07/2024				
BEDRAG BETAALBAAR				2078.00

Bladsy 1 van 1



Mossel Bay
MUNICIPALITY



RAS MDJ
MALVAWEG 66A
POSTE RESTANTE
DANABAAI
6510

860075490050



Fold and tear on perforation.

MY OWNER

NAME Martin Dawid Jakobus

POSTAL ADDRESS

TELEET ADDRESS

31 P. Seabra

Danabai

HOME PHONE

WORK PHONE

CELLPHONE

0832313477

FEEDER DETAILS

ME

SPECIES

FELINE

SEX

OSH

COLOUR

GINGER

AGE

FEMALE

DATE OF BIRTH

2024

BARCODE



992003000486999

FEATURES/MARKS

NEXT VACCINATION DUE

DATE DATE DATE

10/03/24

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
10/03/24	MSD + Anexo 10 Batches: 0507-12249 Mantel: 2555522	A.H.T
16/03/24	MSD + Anexo 10 Batches: 0507-12249 Mantel: 2555522	A.H.T
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
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I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
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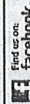
One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.

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. G3882 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 (isoginoline) 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.

MSD
Animal Health



Find us on Facebook

facebook.com/BravectoSouthAfrica

[illegible][illegible]

OTE 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 I'm older are very important for keeping me healthy.

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.

BY VETERINARIAN

PRACTICE STAMP

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DOCTOR'S NAME

Dr. A. S. Ward.

Garden Route SPCA
P.O. Box 278
George, 6530.
Ph (044) 693 - 0824

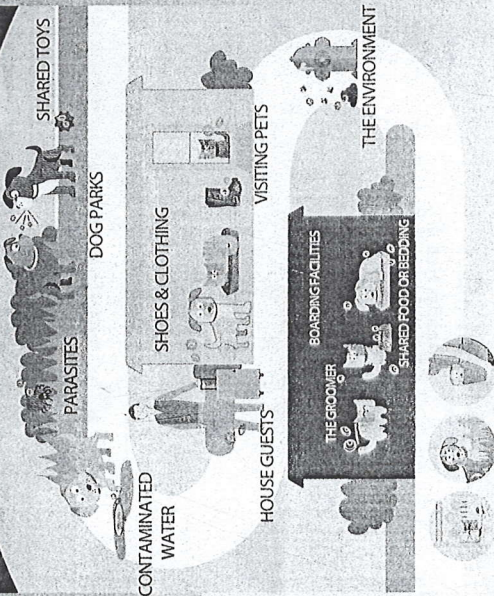
PRACTICE STAMP



Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/096580/07
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

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

NAME _____
(S) _____
1301 _____
101 _____

1. *Phragmites australis* (Cav.) Trin. ex Steud.

MICROCHIPPED ANIMAL REGISTRATION FORM



Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

VET OR WELFARE ORGANISATION

Vet Practice Number *
Vet Practice Name *
Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0832313477
E-mail * dewald@collabrisk.co.za
Title * Mr Initials * MD
Street 21 P. Scabra
Suburb
Country
Phone - Day time

Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.
If possible, please provide a personal email, not a company email.

Surname * Jakobus
City
Area Code 0ANABAAI
Province
Phone - Night time

OTHER CONTACTS

Title *	Initials *	Surname *
Cell No. *		
Title *	Initials *	Surname *
Cell No. *		
Title *	Initials *	Surname *
Cell No. *		

CHIP DETAILS

Registration Date * 28 - 08 - 2024
Date of Implant * 27 - 08 - 2024
Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No
Name of Vet who implanted the Chip DR S. MULLER

PET DETAILS

Pet Name BUTTERCUP.	Date of birth 2024
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 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 fax | Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364 |
| 3. By e-mail | Scan and E-mail the completed form to: info@backhome.co.za |

992003000486999



MA00018T

ADMISSION NO

MB1 3320

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 22-8-24

TIME: 9:30

NAME OF APPLICANT: Mr. Jakobus

ADDRESS: 21 P. Scabra Denabacu

HOME TEL No: CELL No: 0832313477

ANIMAL(S) ADOPTING: kitten

SEX: Female

AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Fence 2m	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?	gate
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?	3

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Golden Retriever	Golden Retriever	Albino		
CONDITION	Good	Good	Good		
WELFARE (good?)	Good	Good	Good		
SEX & AGE	♀ 15	♀ 13	♀ 18	1	1
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



CATS



SMALL DOGS



MEDIUM DOGS



LARGE DOGS

INSPECTED BY: Lucero

SPCA: mosselbay

SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE