ADOPTION CHECKLIST

ADMISSION NO: MB/ 4530

CONTRACT NO: MA 000106T

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [x] Proof of Residence
- [x] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 09/01/2025.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [ ] Microchip Registration- chip number 992003000486978

Adoptee INFO:

Name & Surname: Xandri Jansen van Rensburg

Contact INFO: 060 755 6537

Completed by: Date: 10/01/2025

Manager: Date: 10/01/2025

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.

Vet · 1504 C1 loaded.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No.	C5102			ADMISSION No.	MBY4530	
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	22/11/24		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked: (Yes) / No — Lost & Found Date checked: 22/11/24

Microchip/Collar or ID tag found: Yes / (No) — Date scanned or checked: 22/11/24 — Microchip or ID Tag number: None

DESCRIPTION & HISTORY

Dog	(Cat)	Other species (Specify)	B+I.		
Breed	DSH	Colour and Markings	Tabby.		
Condition	Fair.	Sex	♂	Age	6 weeks.
Temperament	Fair.	Sterilisation details	No.	Name	
Coat S.	Tail L.	Teeth Condition Fair	Ears Pricked	Size	S.
Area found / collected from	Found in town.			Date	22/11/24.
Reason for surrender	Her stray.				

ASSESSMENT

GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		
Run Away		

COMMENTS:

Surrendered by / Found by		Name	Gean FCA.		
Residential Address	Gys Smallberger. Mosselbay.				
Postal Address	No postal.				
Tel (H) No num	Tel (W) No num	Cell 0663858174.			
Email	No email.				
Donation R None	Cash	Card	EFT	(Receipt No.) None	

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 uitdrukiik 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 4528 — Witness for Society: M Goosen.

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

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

I, L Du Preez, ID number 9002025092088, hereby declare that Ms Xandri Jansen van Rensburg permanently resides at the following address with me :

36 Magersfonteinweg

Hartenbos

My contact number 0723091050 is if you have any further questions.

Louwrens Du Preez

MOSSELBAAI
Munisipaliteit
101 Marsh Street
Private Bag X 29
Mossel Bay 6500

UMASIPALA

MOSSEL BAY
Municipality
VAT Nr 4830118370
Tel: (044) 606 5000
Fax: (044) 606 5062

WASEMOSSELBAYI

admin@mosselbay.gov.za
www.mosselbay.gov.za

Naam:
DU PREEZ L
POSBUS 182
HARTENBOS

6520

Liggingsadres:
36 MAGERSFONTEINWEG HARTENBOS

REKENINGNOMMER:	40-000122-002-3
DATUM VAN REKENING:	25/09/2024
LAASTE KWITANSIE DATUM:	23/09/2024
VOORAFBETAALDE METERNOMMER:	

BELASTING FAKTUUR **MAANDELIKSE REKENING** BTW REG. NO.

DIENSTE DEPOSITO	3290.00	ERF NOMMER	122000	WAARDASIE	2200000

WARD 10

LESINGDATUM: 16/08/24

DATUM	VERWYSING	BESONDERHEDE					BEDRAG
		BALANS OORGEBRING					3552.92
19/09/2024	23643508	ELEKTRISITEIT 17/07/2024-16/08/2024					2298.83 *
		2382 - 3044 (662 KWH 30 Dae)					
		BASIES				392.65	
		07/24	662.00 @	2.427	=	1606.34	
		VAT/BTW				299.84	
19/09/2024	SEN2430042	WATER 19/07/2024-16/08/2024					401.83 *
		0 - 17 (17 Kl 28 Dae)					
		BASIES				237.63	
		07/24	5.52 @	0.000	=	0.00	
			11.48 @	9.737	=	111.79	
		VAT/BTW				52.41	
19/09/2024	400010	RIOOL					335.43 *
19/09/2024	300010	VULLIS					299.64 *
19/09/2024		BELASTING PAAIEMENT					710.16
		KWITANSIES					3552.00-
		Balans Oorgedra					0.81-

BTW OP '*' ITEMS: 435.08 ACB TOT: 0.00

AGTERSTALIG OP HUURDERS 1448.06

KREDIET	60 DAE	30 DAE	LOPEND	BETAALBAAR
0.00	0.00	0.00	4046.81	4046.00

Betaling moet op of voor die vervaldatum gemaak word.	BETAALBAAR OP	BEDRAG BETAALBAAR R	4046.00
	15/10/2024		

KENNISGEWING Standard Bank is now the Primary banker for the MOSSEL BAY MUNICIPALITY Municipal Customers, service providers, members of the public and various stakeholder sare therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY
400001220023

EasyPay >>>>>91526400012200233 PAY@ 11379 400001220023

ISSUED WITHOUT ANY ALTERATIONS OR ERASURES

UITGEREIK SONDER ENIGE VERANDERINGS OF UITKRAPPINGS

BZ 693234 1

Z 579

DRIVING LICENCE DEPT.
P.O. Box 25
2024 -10- 29
MOSSEL BAY, 6500
MOSSEL BAY MUNICIPALITY

DECLARATION[1]

I declare that the licence in respect of which the particulars are reflected alongside,
(i) has not yet come into my possession*,
(ii) was stolen/lost/defaced/destroyed*,
that all particulars submitted by me are true and correct and I realise that a false declaration is punishable with a fine or one year imprisonment or both.

VERKLARING[1]

Ek verklaar dat die lisensie ten opsigte waarvan die besonderhede langsaan verskyn,
(i) nog nie in my besit gekom het nie*,
(ii) gesteel/verlore/geskend/vernietig* is, dat die besonderhede wat deur my verskaf is waar en korrek is en ek besef dat 'n vals verklaring strafbaar is met 'n boete of een jaar gevangenisstraf of beide.

Driver restrictions
Bestuurderbeperkings

0 None/Geen
1 Glasses/Contact lenses
Bril/Kontaklense
2 Artificial limb
Kunsledemaat

Vehicle restrictions
Voertuigbeperkings

0 None/Geen
1 Automatic transmission
Outomatiese transmissie
2 Electrically powered
Elektries aangedrewe
3 Physically disabled
Liggaamlik gestrem
4 Bus > 16 000kg (GVM) permitted
Bus > 16 000kg (BVM) toegelaat
5 Tractor/Trekker
7 Industrial vehicle/Industriële voertuig

Left thumb imprint of the person whose particulars are reflected alongside.

Linkerduimafdruk van persoon waarvan die besonderhede langsaan verskyn.

TDL(5)(2005/1/1) No 601500002D7J TDL

TEMPORARY DRIVING LICENCE/PR. DRIVING PERMIT
(National Road Traffic Act, 1996)

TYDELIKE BESTUURSLISENSIE/PR. BESTUURSLISENSIE
(Nasionale Padverkeerswet, 1996)

PARTICULARS OF HOLDER — BESONDERHEDE VAN HOUER

Restrictions on driver (if any): 0 — Beperkings op bestuurder (indien enige)

Type of identification/Soort identifikasie
RSA ID document / RSA ID dokument

Identification number/Identifikasienommer
9[illegible]025092088

Country of issue/Land van uitreiking
South Africa / Suid-Afrika

Initials and surname/Voorletters en van
L DU PREEZ

Date of issue/Datum van uitreiking
2024-10-29

Driving licence testing centre/Bestuurslisensietoetssentrum
MOSSEL BAY MUNICIPALITY

Driving licence(s) Code/Kode	Date/Datum	Bestuurslisensie(s) Restr./Bep.
EC	2009-03-05	0

Category(ies) and expiry date of PrDP — and/en — Kategorie(ë) en vervaldatum van PrBP

I confirm that I am conversant with the content of the declaration[1].

Ek bevestig dat ek vertroud is met die inhoud van die verklaring[1].

Signature of holder — Handtekening van houer

Valid for 6 MONTHS from date of issue — **Geldig vir 6 MAANDE vanaf uitreikingsdatum**

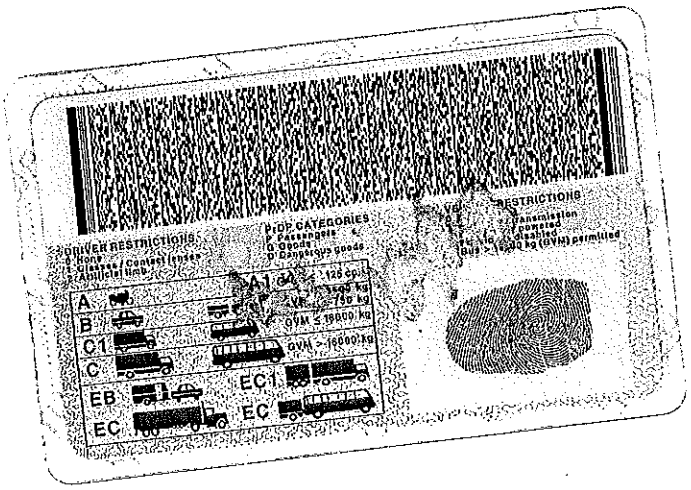
RECEIPT — KWITANSIE

Receipt number	601500002R4Q	Kwitansienommer
Total amount received	R45.00	Totale bedrag ontvang
Date	2024-10-29	Datum
Received by	JC LE KAY	Ontvang deur

6015 2024-10-29 10:38:31

Republic of South Africa

Republiek van Suid-Afrika


DRIVER RESTRICTIONS
PrDF CATEGORIES
RESTRICTIONS
A1
A
B
C1
C
EB
EC
EC1
EC

GARDEN ROUTE SPCA

ADOPTION VET CHECK - DR. DEMPSEY/DR SUZAAN

KENNEL		DATE	
CARD NR		BREED	
COLOUR		STRAY/DONATED	
ANIMAL NAME		MALE/FEMALE	
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	

GENERAL HEALTH

EARS	—
EYES	—
TEETH	—
NOSE	—
LUNGS	—
HEART	—
ABDOMEN	—
HIP	—
SKIN & COAT	—
FIT FOR ADOPTION	Yes
COMMENTS:	

~~4527~~
MA 000106T
From 6th.

992003000486978

C1 Tobg 4530

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): X Jansen van Rensburg

HOME ADDRESS: 36 Magersfonteinweg, Hartenbos

ID NO.: 9407270275082

POSTAL ADDRESS: 6520

TEL NO (H): - (B): -

CELL NO: 060 755 6537 FAX NO: -

E-MAIL: xandrivanrensburg@gmail.com

Address where animal will be kept: 36 Magersfonteinweg, Hartenbos

Reason for wanting an animal: Friend for our cat

Occupation: Administator

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/NO

Reason for wanting an animal: II

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? DSH

Can you afford private veterinary fees? Y Who is your vet? Dr De Graaf

How many animals live on your property DOGS _____ CATS 1 OTHER _____

What are the sexes of your animals? DOGS: Male _____ Female ~~3~~ CATS : Male _____ Female X

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned over the past 3 years? DOGS _____ CATS 1 OTHER Mom

Which animals do you still have, and what happened to the others? 1 Cat

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

Full description of the fencing and gate: Palicades Height: 1.6 m

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER Inside sleeping

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

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** 02/01/2025

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP

992003000486978

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. * 060 755 6537

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

E-mail * xandrivanrensburg@gmail.com

If possible, please provide a personal email, not a company email.

Title * ~~MRS~~ MS Initials * X

Surname * ~~VA~~ JANSEN VAN RENSBURG

Street 36 Magersfontein weg

City

Suburb

Area Code Hartenbos

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 * 16 - 01 - 2025

Date of Implant * 09 - 01 - 2025

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name

Date of birth 2024

Species * FELINE

Breed * DSH

Colour TABBY

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 it's 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. Post Fax this completed form to Backhome on 0800 222 546 (TOLL FREE) or 011 852 6264

9920030004869781 ADMISSION NO MBY 4530

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 7/11/25 TIME: 12:07

NAME OF APPLICANT: Xandri Jansen van Rensburg

ADDRESS: 36 Magersfontein weg, Hartenbos

HOME TEL No: _____ CELL No: 060 755 6537

ANIMAL(S) ADOPTING: Cat

SEX: Male AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Vibracrete		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	DSH				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	Female 1 Year	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

Tabby

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM 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: Jansen van Rensburg

POSTAL ADDRESS:

STREET ADDRESS: 36 Magerefontein weg

Harverbos

DIVER PHONE:

WORK PHONE:

CELL PHONE: 060 755 6537

BREEDER DETAILS:

ME

BREED: CAT

SEX: DSH

COLOUR: Tabby

DOB: Male

DATE OF BIRTH:

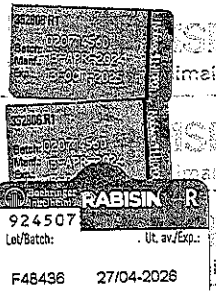
MICROCHIP/TATTOO: 992003000486978

FEATURES / MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
1/25		
1/2/25		
09/01/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
31/01/24		AHT.
31/01/25		AWA Wagel
09/01/25		SPCA AWA
	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	

1. One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.
2. My mother gave me protective antibodies in her first few weeks of disease fighting and protection in her milk.
3. Now it is up to you to keep my vaccinations up to date as advised by my vet.

Nobivac® DHPPi (Reg. No. G2377 Act36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947). **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act36/1947). **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 (benzimdazole) 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

Quantel Exitel Plus Exitel Plus XL

Find us on facebook.

facebook.com/Bravecto.SouthAfrica

ADMISSION No.
TOELATINGSNR. MBY 4530

ADOPTION CONTRACT

Garden Route

DOG / CAT | Breed | Male/Female

Microchip and or ID Tag

992003000486978

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 those responsibilities.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age;
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. 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.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. 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.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. 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.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. 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.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. 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.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. 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.

UITPLASINGSKONTRA

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 dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede a verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede elkeen saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. 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 nl besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes 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 onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. 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.
9. Ek kan die dienste van 'n private veeartsenykundige bekostig.
10. 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
11. Ek verstaan dat, indien die dier siek word (basetings 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).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. 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.
14. My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te versoker 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.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede 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 verwaarlosing 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.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including Initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters): Xandri Jansen van Rensburg

HOME ADDRESS
WOONADRES: 36 Magersfonteinweg, Hartenbos

ID/PASSPORT No.:
ID/PASPOORT Nr.: 9407270275082

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

(B):
(W):

CELL No:
SELFOON Nr: 060 755 6537

FAX No:
FAKS Nr:

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

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.: 5522

VEHICLE REG No.
VOERTUIG REG Nr.: CBS 684984

VEHICLE MAKE:
VOERTUIG MAAK: KIA

COLOUR:
KLEUR: Green

SIGNATURE: Rensburg

WITNESS FOR SOCIETY: