ADOPTION CHECKLIST

ADMISSION NO: MBY 4357

CONTRACT NO: MA000087T

- [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 05/12/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486837

Adoptee INFO:

Name & Surname Danie Heneqan

Contact INFO: 083 399 1731

Completed by: _____ Date: 13/12/2024

Manager: _____ Date: 13/12/2024

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.

Maya EBC1

After 4.

MA0008TT

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): D. Henegan

HOME ADDRESS: 29 Kaaimans Avenue, Little Brak River ID NO.: 6804215087080

POSTAL ADDRESS: 29 Kaaimans Avenue, Little Brak River

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

CELL NO: 083 299 1731 FAX NO: _____

E-MAIL: danielhenegan007@gmail.com

Address where animal will be kept: 29 Kaaimans Avenue, Little Brak

Reason for wanting an animal: Death of previous cat (16 years)

Occupation: Teacher

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: Love animals

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? Croft Animal Hospital

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

What are the sexes of your animals? DOGS: Male _____ Female _____ 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 2 OTHER _____

Which animals do you still have, and what happened to the others? 1 - died of old age

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

Full description of the fencing and gate: Concrete walls (Prefab) Height: 1,2 m

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No.: 5405

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** 2024.11.30

loaded.
~~CB~~ . CJ

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No. MBY4357		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 31/10/24			Time in 14.26	Date for release		

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	Yes / No	Lost & Found Date checked	31/10/24
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked 31/10/24	Microchip or ID Tag number None.

DESCRIPTION & HISTORY

Dog / Cat	Other species (Specify) B/I.		
Breed DSH.	Colour and Markings C Tabby		
Condition Fair.	Sex ♀.	Age ± 1 week	
Temperament Fair.	Sterilisation details No	Name	
Coat S / Tail L / Teeth Condition Fair	Ears Pricked	Size M.	
Area found / collected from Heiderand		Date 31/10/24.	
Reason for surrender Owners moved			

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 J. C. Brink.				
Residential Address 32 De Bosse Heiderand Mosselbay.					
Postal Address No postal.					
Tel (H) No num	Tel (W) No num	Cell 0825372029			
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	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

After 4 please

Section 4-5B: Page 1

PRE HOME NO MPRE 044

MA 000871T ADMISSION NO MBY4357

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003000486837

PASSED: (YES) / NO DATE UNDERTAKEN: 2-12-14 TIME: 14:38

NAME OF APPLICANT: D. Heregan

ADDRESS: 29 Kaaimans Avenue, Little Brak River

HOME TEL No: _____ CELL No: 083 3991731

ANIMAL(S) ADOPTING: Kitten

SEX: Female AGE: 8 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Uibrecrete		Suitability of fence (i.e. small pets can't escape): 1m	
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					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Create Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ **CATS** ☐ **SMALL DOGS**

☐ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: Lorraine Bayi **SPCA:** Mossel Bay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Danie Heregan
POSTAL ADDRESS	
STREET ADDRESS	29 Kaaimans Avenue
	Little Brak
HOME PHONE	
WORK PHONE	
CELLPHONE	083 399 1731
BREEDER DETAILS	

ME

SPECIES	FELINE
BREED	DSH
COLOUR	Grey Tabby
SEX	Female
DATE OF BIRTH	2024
MICROCHIP/TATTOO	992003000486837
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
Dec 2025		

MSD Animal Health

Nobivac · Quantel

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
06/11/24	Nobivac 1-HCPCh 020Z1456D 13-APR-2024 13-OCT-2025 + triworm + Rabies	A.H.T.
09/12/24	Nobivac + Rabies MSD Animal Health	A.H.T.
	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	

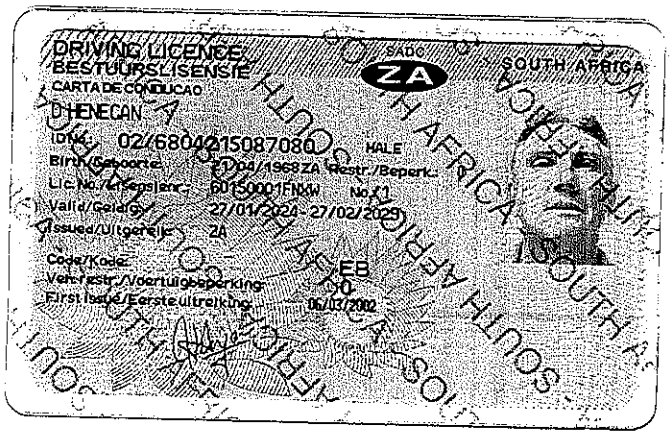
I WAS VACCINATED ON

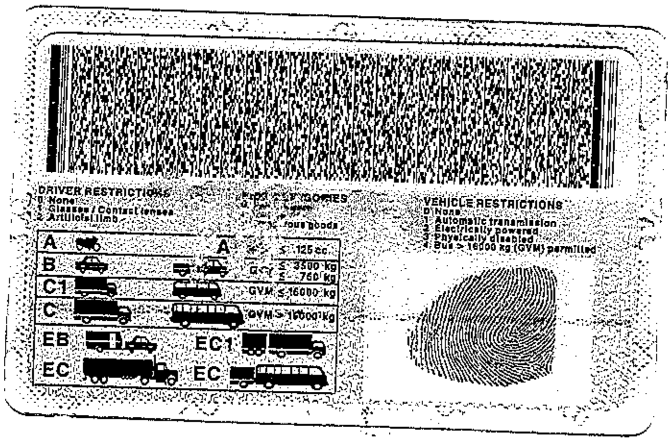
DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

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 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 (isoqinoline) 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.

Exitel Plus · Exitel Plus XL · Bravecto


DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO
SADC
ZA
SOUTH AFRICA
DHENEGAN
IDNo: 02/6804215087080
MALE
Birth/Geboorte: 21/04/1968 ZA
Gestr./Beperk.:
Lic.No./Lisensienr.: 6015000 1FNXW
No.: 1
Valid/Geldig: 27/01/2024 - 27/02/2029
Issued/Uitgereik: ZA
Code/Kode:
Veh.restr./Voertuigbeperking:
First Issue/Eerste uitreiking: 06/03/2002


DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb
ous goods
VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 Bus > 16000 kg (GVM) permitted
A
A
≤ 125 cc
B
≤ 3500 kg
≤ 750 kg
C1
GVM ≤ 16000 kg
C
GVM > 16000 kg
EB
EC1
EC
EC

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	28-000755-001-4
DATE OF ACCOUNT:	25/11/2024
LAST RECEIPT DATE:	24/11/2024
PREPAID METER NUMBER:	04182817926

Name:
HENEGAN D
Street Address:
29 KAAIMANSLAAN FRAALIJTSIG
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
150.00	755000	1675000	4

DATE	DETAILS			AMOUNT
	B/F BALANCE			1526.02
20/11/2024	0418281792ELECTRICITY			451.54 *
	BASIC		392.65	
	VAT/BTW		58.89	
20/11/2024	825419 WATER 13/09/2024-15/10/2024			325.79 *
	7933 - 7944 (11 Kl 32 Days)			
	BASIC		237.63	
	07/24 6.31 @	0.000 =	0.00	
	4.69 @	9.737 =	45.67	
	VAT/BTW		42.49	
20/11/2024	300004 REFUSE			299.64 *
20/11/2024	RATES INSTALLMENT			530.48
	RECEIPTS			1600.00-
	Balance Carried Forward			0.47-
	VAT ON '*' ITEMS: 140.46 ACB TOT:		0.00	

CREDIT	60 DAYS	30 DAYS	CURRENT	
0.00	0.00	0.00	1533.47	1533.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	17/12/2024	1533.00

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
REF NO. 280007550014

EasyPay >>>>>9152628000755000144

pay@ 11379 280007550014

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.

SOUTH AFRICA
Permit Mail
P4010395

Vou en skeur af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Mossel Bay MUNICIPALITY

HENEGAN D
NONE

28-000755-001-4

Fold and tear on perforation.

MA 000087T

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	: Male/Female
Microchip and		

992003000486837

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.

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.

ADMISSION No. TOELATINGSNR.

MBY4357

UITPLASINGSKONTRAK

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 pligte versuim het.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem 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 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 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 vasgekelting 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 (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).
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 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.
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): Danie Henegan.

HOME ADDRESS
WOONADRES: 29 Kaaimans Avenue, Little Brak

ID/PASSPORT No.:
ID/PASPOORT Nr.: 6804215087080

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

(B):
(W):

CELL No:
SELFOON Nr: 083 399 1731

FAX No:
FAKS Nr:

E-MAIL:
E-POS. daniehenegan007@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 5427

VEHICLE REG No.
VOERTUIG REG Nr. CBS 63076

VEHICLE MAKE:
VOERTUIG MAAK:

COLOUR:
KLEUR:

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

13/12/2024.

Backhome

Virba

* COMPULSORY F
* PRINT INFORMA

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486837

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. * 083 399 1731

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

E-mail * danielhenegan007@gmail.com

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

Title * MR

Initials * D

Surname * Henegan

Street 29 Kaaimans Ave

City

Suburb

Area Code Little Brak

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 * 18 - 12 - 2024.

Date of Implant * 06 - 12 - 2024

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

Name of Vet who implanted the Chip BHO. SMITH

PET DETAILS

Pet Name LUNA MOON.

Date of birth 2024

Species * FELINE

Breed * OSH

Colour GREY 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 sai 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 informatio 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 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 informatio 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 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