

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 28/11/2024
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

ADMISSION NO:

MBV 4165

CONTRACT NO:

MA00081T

Adoptee INFO:

Name & Surname Karin Oberholster

Contact INFO: 0723500169

04/12/24



992003000356213

Completed by: _____

Date: 29/11/2024

Manager: _____

Date: 29/11/2024

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.

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER
992003000356213

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. * 072 350 0169

E-mail * Karin@henra.co.za

Title * MS Initials * K

Street 23 Con vld Wath Str

Suburb

Country

Phone - Day time

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

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

Surname * OBERHOLSTER

City

Area Code 011 NOVA

Province

Phone - Night time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Surname *

Surname *

Surname *

CHIP DETAILS

Registration Date *

Date of Implant * 29 - 11 - 2024

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip NDYEBU NGQELE

PET DETAILS

Pet Name LUNA

Species * CANINE

Colour BROWN + WHITE

Gender Male ☒ Female

Date of birth 2024

Breed * COLLIE X

Markings

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 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 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 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

MA 000817

**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): KARIN OBERHOLSTERHOME ADDRESS: 23 con van der Wath straat, Da NovaID NO.: 851015 0034 080

POSTAL ADDRESS: _____

TEL NO (H): _____ (B): 044 695 2376CELL NO: 072 3500169 FAX NO: _____E-MAIL: karin@henra.co.zaAddress where animal will be kept: 23 Con van der Wath str.Reason for wanting an animal: PetOccupation: adminDo you own or rent your property: own Do you have consent from owner / Body Corporate? N/AAre you a student with consent to keep pets? N/A
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? Heiderand clinicHow many animals live on your property DOGS 1 CATS _____ OTHER 1 rabbitWhat are the sexes of your animals? DOGS: Male _____ Female ✓ CATS: Male _____ Female _____Are all your animals sterilised? Give details YesHow many dogs and cats have you owned over the past 3 years? DOGS 1 CATS _____ OTHER 1Which animals do you still have, and what happened to the others? Still have allIs your property fenced and has a proper gate? Yes Will you chain/cage an animal? NoFull description of the fencing and gate: brick and steel palisade Height: + 1.5mWhat shelter is provided: OUTDOORS yes KENNEL yes OTHER indoorsHave you previously had pets from an SPCA? yes Are there children under the 10 years in your household? 48.6yr.Pre Home Inspection Fee: R100 Receipt No.: 5403**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 25/11/2024

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

I.D.No. 851015 0034 08 0



S. A. BURGER/S. A. CITIZEN

VAN/SURNAME

OBERHOLSTER

VOORNAME/FORENAMES

KARIN

GEBORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBORTE DATUM/
DATE OF BIRTH

1985-10-15

DATUM UITGEREIK
DATE ISSUED

2003-11-03

UITGEREIK OP GESAAG VAN DIE
DIREKTUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



Naam: OBERHOLSTER L & SL
Liggingadres: 23 CON VAN DER WATSTRAAT DA NOVA
BELASTING FAKTUUR MAANDELIKSE REKENING

REKENINGNOMMER: 67-004276-002-6

DATUM VAN REKENING: 23/10/2024

LAASTE KWITANSIE DATUM: 22/10/2024

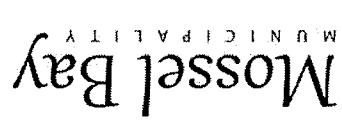
VOORAFBETAALDE METERNOMMER: 07048473602

DATUM	BESONDERHEDE	LESINGDATUM: 13/05/24	BEDRAG
21/10/2024	BALANS OORGEBRING BASIES VAT/BTW	2027.01 451.54 392.65 58.89	
21/10/2024	WATER 03/09/2024-04/10/2024 1592 - 1609 (17 K1 31 Dae) BASIES 07/24	0.000 = 0.00 9.737 = 105.94 237.63	395.10
21/10/2024	VAT/BTW RIJOL VULLIS	51.53	
21/10/2024	BELASTING PAARTEMENT KWITANSIES	335.43 299.64 487.70 2027.00-0.42	
	BTW OP *** ITEMS: 193.25 ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	1969.42	1969.00
BETAALBAAR OP 15/11/2024				BEDRAG BETAALBAAR 1969.00

Betaling moet voor of op die vervaldatum gemaak word

You en skeur af.



Fold and tear on perforation.

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

OBERHOLSTER L & SL
POSBUS 11617
HEIDERAND
6511

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 / Betaalings Besonderhede

Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 670042760026

EasyPay
15288700427600269

pay@
11379 670042760026

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.

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

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>K24. 26 K34.</u>				ADMISSION No. <u>MBY4165</u>		
Stray	Surrender ☒	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>05/11/24</u>		Time in	<u>13:54</u>	Date for release	

IDENTIFICATION & LOST AND FOUND

Microchip/Collar or ID tag found	☒ Yes	Date scanned or checked	<u>14</u>	Microchip or ID Tag number	
Lost & Found checked			☒ Yes	Lost & Found Date checked	<u>05-11-24</u>

DESCRIPTION & HISTORY

Dog ☒ 6	Cat	Other species (Specify) <u>7 km</u>	
Breed	<u>X-Blood</u>	Colour and Markings	<u>Brown + white</u>
Condition	<u>FAIR</u>	Sex	<u>♀ Female</u> Age <u>1.2 MONTHS</u>
Temperament	<u>FAIR</u>	Sterilisation details	<u>NONE</u> Name <u>Pumpkin</u>
Coat <u>SHORT</u>	Tail <u>LONG</u>	Teeth Condition	<u>FAIR</u> Ears <u>DOWN</u> Size <u>Small</u>
Area found / collected from			<u>Gentofens Drive</u> Date <u>05-11-24</u>
Reason for surrender <u>OWNER CAN NOT AFFORD THEM</u>			

ASSESSMENT

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

COMMENTS:

Surrendered by	☒ Name	<u>JOHN BOSMAN</u>
Found by		
Residential Address	<u>129 GENTOFENS DRIVE</u>	
	<u>KWAZI-NONQA</u>	
Postal Address	<u>NONE</u>	
Tel (H)	<u>NONE</u>	Tel (W) <u>NONE</u> Cell <u>076 10 67 207</u>
Email	<u>NONE</u>	
Donation R	<u>NONE</u>	Cash Card EFT (Receipt No.) <u>NONE</u>

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

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 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 [Signature] Witness for Society [Signature]

FOR OFFICE USE: PENDING ADOPTION

Details of first Applicant	Details of second Applicant
	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐

On Date: 5-11-24

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 ongesteiriliseer 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: _____

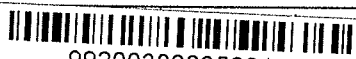
Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society: _____

Microchip
and ID tag



992003000356213

Date

27/11/2024

MEDICAL RECORD

Date	Remarks	Treatment	Cost
13/11/24	milbenex		
	next - 27/11/24		

PTS APPROVAL

NAME	SIGN



992003000356213

Section 4-5B: Page 1

PRE HOME NO

MPRE 041

ADMISSION NO

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 28-11-24

TIME: 13:48

NAME OF APPLICANT: Karin Oberholster

ADDRESS: 23 Con vld Wath St, De Nova.

HOME TEL No: CELL No: 072 350 0169

ANIMAL(S) ADOPTING: X Breed medium

SEX: Female AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	brick wall	Suitability of fence (i.e. small pets can't escape):	yes
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?	steel 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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	X Breed				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	F / Adult	/	/	/	/
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:

Lurono Bay

SPCA:

Morse Bay

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1
I.D.No. 851015 0034 08 0



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

OBERHOLSTER

VOORNAME/FORENAMES

KARIN

GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1985-10-15

DATUM UITGEREIK
DATE ISSUED

2003-11-03



UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS

[illegible]

Julia Trivelpiece

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

VETERINARIAN'S SIGNATURE

DOCTOR'S NAME

P.O. Box 433

George, 6530

PH (044) 693-0824

PRACTICE STAMP



Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07

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

vanuat med.-animal-health on 70 7A NOV 944900000

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



PET'S NAME

MY VIEW

GARDEN ROUTE SPCA

MOSEL BAY

18 BILL JEFFERY AVE

KWANONQABA

044 693 0824

072 287 1761

theatrem@grspca.co.za

Consulting Hours

Monday and Friday: 12:00 - 16:00

Wednesday: Closed

Tuesday and Thursday: 09:00 - 16:00

Saturday: 09:00 - 11:00

MY OWNER

NAME Karin Oberholster

POSTAL ADDRESS

STREET ADDRESS 23 Con vld Wath Str

Da Nova

HOME PHONE

WORK PHONE

TELEPHONE 072 350 0169

BREEDER DETAILS

ME

SPECIES CANINE

BREED COLLIE, x

COLOUR BROWN + WHITE

SEX FEMALE

DATE OF BIRTH 2024

ICRG CHIP/TATTOO 992003000356213

FEATURES/MARKS

NEXT VACCINATION DUE

DATE	DATE
<u>27/11/24</u>	
<u>27/11/2024</u>	

MSD
Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
13/11/24	Bird A230802 Exp: 01-2026 Health	A-L-T
27/11/24	Nobivac 1000P S/N: 021278030 Exp: 07-2026 Health	SPCA
	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	

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. 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. G2717 Act 36/1947) Contains Praziquantel (scozinolone) 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.



facebook.com/BravectoSouthAfrica

Exitel Plus

Exitel Plus XL

Quantel

ADMISSION No. TOELATINGSNR.

MBY4165



ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male / Female
Microchip and or ID Tag Number: 99200300035623		

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.

- 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 within 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: 23 Con v/d Wath Str

TEL No (H): Da Nova, Mosselbay
TELEFOON Nr (H):

CELL No:
SELFNOON Nr: 072350 0169

E-MAIL: karin@henia.co.za
E-POS:

ADOPTION FEE:
AANEMINGSVOOL: R850

VEHICLE REG No.
VOERTUIG REG Nr:

SIGNATURE
HANDTEKENING:



Garden Route

HOND / KAT	Ras	Manlik/Vroulik
Mikroskyfie en of ID nSkyfie Nummer:		

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 plezier 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 opkoste aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huls 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 tuiste gewoond 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 vasgekelling 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 slok 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 - slugs rokbandjies mag vir katte gebruik word.
- My erf is behoorlik omhef en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-voertig (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 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 wetlik en bindend is.

Karin Oberholster

ID/PASSPORT No.: 8510150034080
ID/PASPOORT Nr.:

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: KWITANSIE Nr 5403
RECEIPT No.:

VEHICLE MAKE: MAZDA 3
VOERTUIG MAAK: COLOUR: WIT
KLEUR:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING: