ADOPTION CHECKLIST

ADMISSION NO: MBY4383

CONTRACT NO: MA000853T

- [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 28/11/24
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000356210

Adoptee INFO:

Name & Surname A. Ginggini

Contact INFO: 0615476814

Completed by: _____ Date: 29/11/24

Manager: _____ Date: 29/11/24

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.

)MISSION, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA

den Route

KENNEL No.	K~~44~~ K29			ADMISSION No. MBY4383		
Stray X	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 06/11/24			Time in	14:15	Date for release	

)ENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	06/11/24
icrochip/Collar ID tag found	Yes / X No	Date scanned or checked	06/11/24	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Rottweiler X	Colour and Markings	Black + Brown	
Condition	Fair	Sex	Male	Age ± 4 months
Temperament	Good	Sterilisation details	No	Name Manu
Coat Short	Tail long	Teeth Condition Good	Ears Down	Size Small
Area found / collected from	At the Point			Date 06/11/24
Reason for surrender	Stray dogs. Boys who sell Puppies @ the point.			

ASSESSMENT

OOD WITH:	Yes	No
hildren		
ats		
ther Dogs		
vestock/Other		
O THEY:	**Yes**	**No**
ump Fences		
un Away		

COMMENTS:

Surrendered by / Found by		Name	Wally (Police)
Residential Address	At the Point Mosselbay		
Postal Address	6500		
Tel (H) N/A	Tel (W) N/A	Cell N/A	
Email N/A			
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A

PLEASE INSIST ON A RECEIPT

onfiscated: OB No: N/A Case No: N/A Inspector: Wally

STATEMENT OF SURRENDER

do hereby certify that I **DO** / **DO NOT** own the animal/s escribed above, that **IT IS** / **IT IS NOT** a stray and I **DO** / **DO IOT** know where it comes from. I also freely surrender all nterest, if any, therein to the SPCA, and I request that the nimal be dealt with as deemed advisable in the discretion of ne SPCA. It is expressly agreed that neither the SPCA nor its fficers and employees will incur any obligation to me on ccount of such disposition of said animal/s. I confirm that I am ver 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 MBY3947	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

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.

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.

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

4. The Society will not home any animal unsterilised.

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 to bewerkstellig.

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

4. Die Vereniging sal geen dier plaas wat ongesteriliseer 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 992003000356210

Date 29/11/2024

MEDICAL RECORD

Date	Remarks	Treatment	Cost
13/11/24	M1/bomax		
	NXT - 27/11/24		

PTS APPROVAL	
NAME	SIGN

Rothi

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MA000083T

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): Aphiwe Gingqiwa

HOME ADDRESS: 22 Nofemela Street Khayelitsha

ID NO.: 0305285724088

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 061 547 6814 FAX NO:

E-MAIL:

Address where animal will be kept: 22 Nofemela Street

Reason for wanting an animal: Dog lover

Occupation: Assistant

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

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

Reason for wanting an animal: I love dogs

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? Rotweiler

Can you afford private veterinary fees? Yes Who is your vet? Heidelberg Vet (Monday Diere hosp

How many animals live on your property DOGS CATS OTHER

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

Are all your animals sterilised? Give details ✓

How many dogs and cats have you owned over the past 3 years? DOGS 0 CATS 0 OTHER

Which animals do you still have, and what happened to the others? None

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

Full description of the fencing and gate: Brick Height: 1,8 m.

What shelter is provided : OUTDOORS ✓ KENNEL OTHER

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

Pre Home Inspection Fee: R100 Receipt No.: MBY 4784

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 A. Gingqiwa **Date of application** 25/11/24

Computer Generated Copy Tax Invoice

BBST11 001831

MR APHIWE GINGQINI
22 NOFEMELA ST
KWANONQABA
6506
GINGQINIAPHIWE3@GMAIL.COM

✉ 3@1 Suite 2,Private Bag X5
Hartenbos ,6520
Street Address Mossel Bay
Shop 95,Langeberg Mall,Louis Fourie Rd
Universal Branch Code 250655
fnb.co.za
Lost Cards 087-575-9406
Account Enquiries 087-575-9404
☎ (087) 577-7000

Customer VAT Registration Number Not Provided
Bank VAT Registration Number 4210102051

Savings Account : 62937839043

Tax Invoice/Statement Number : 11
Statement Period : 26 August 2024 to 26 November 2024
Statement Date : 26 November 2024

Statement Balances	
Opening Balance	132.62 Cr
Closing Balance	42.45 Cr
# Inclusive of VAT @ 15.00%	0.00
Total VAT (ZAR)	0.00

Bank Charges	
Service Fees	0.00
Cash Deposit Fees	0.00
Cash Handling Fees	0.00
Other Fees	0.00

Interest Rate	
Credit Rate**	Tiered
Debit Rate*	0.00%

Transactions in RAND (ZAR)

Date	Description		Amount	Balance	Accrued Bank Charges
29 Aug	FNB App Transfer From Savings		600.00Cr	732.62Cr	
31 Aug	Byc Credit	62145331352	26.00Cr	758.62Cr	
02 Sep	FNB App Transfer To Cheque		300.00	458.62Cr	
04 Sep	ATM Trf To FNB ATM Transfers		150.00	308.62Cr	
07 Sep	FNB App Transfer To Savings		50.00	258.62Cr	
10 Sep	FNB App Transfer To Savings		50.00	208.62Cr	
12 Sep	FNB App Transfer To Savings		50.00	158.62Cr	
16 Sep	FNB App Transfer To Savings		50.00	108.62Cr	
17 Sep	FNB App Transfer To Savings		30.00	78.62Cr	
18 Sep	FNB App Transfer To Savings		20.00	58.62Cr	
20 Sep	Cr.int.rate 7,55000		0.00	58.62Cr	
21 Sep	Byc Credit	62145331352	10.84Cr	69.46Cr	
25 Sep	FNB App Transfer To Savings		30.00	39.46Cr	
26 Sep	FNB App Transfer To Savings		30.00	9.46Cr	
26 Sep	Int On Credit Balance		1.63Cr	11.09Cr	
28 Sep	Byc Credit	62145331352	10.00Cr	21.09Cr	
01 Oct	Cr.int.rate 7,45000		0.00	21.09Cr	
02 Oct	Cr.int.rate 7,50000		0.00	21.09Cr	
05 Oct	Byc Credit	62145331352	47.09Cr	68.18Cr	
19 Oct	Byc Credit	62145331352	5.80Cr	73.98Cr	
26 Oct	Byc Credit	62145331352	5.03Cr	79.01Cr	
26 Oct	Int On Credit Balance		0.35Cr	79.36Cr	
02 Nov	Byc Credit	62145331352	22.06Cr	101.42Cr	
08 Nov	Adjust Of Cr Interest		0.01Cr	101.43Cr	
09 Nov	Byc Credit	62145331352	30.46Cr	131.89Cr	
16 Nov	Byc Credit	62145331352	5.00Cr	136.89Cr	

XSTZEN0:62937839043

Delivery Method E1 R07
EN/IQ/WV/DDA 81
308

3609

PRE HOME NO MPRE 040

ADMISSION NO MBY 4383

MA000083T

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030003562 10 Rotti - Manu

PASSED: YES / NO DATE UNDERTAKEN: 25-11-24 TIME: 11:48

NAME OF APPLICANT: A. Ginggin

ADDRESS: 22 Nofemela str, Kwanongaba

HOME TEL No: CELL No: 0615476814

ANIMAL(S) ADOPTING: Rotti X

SEX: Male AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall Bricks 1.8		Suitability of fence (i.e. small pets can't escape): good	
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?	wooden 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?	0

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
Great Secure Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ **CATS** ☐ **SMALL DOGS**

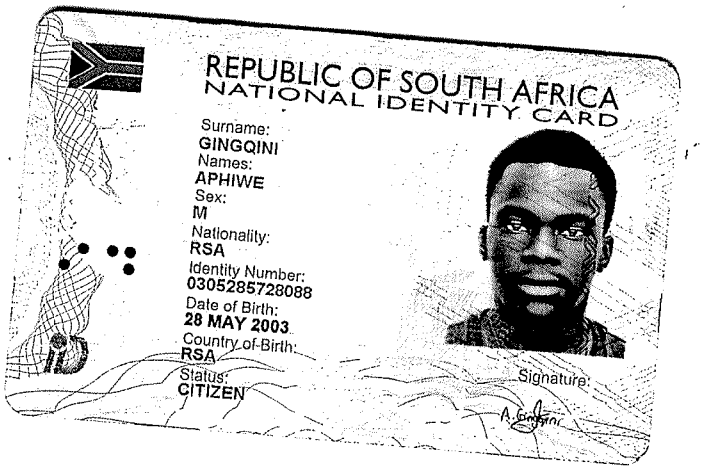
☑ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: Luvuno Bay **SPCA:** uncse/bay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
GINGQINI
Names:
APHIWE
Sex:
M
Nationality:
RSA
Identity Number:
0305285728088
Date of Birth:
28 MAY 2003
Country of Birth:
RSA
Status:
CITIZEN

Signature:

MY OWNER

NAME	A. Ginggini
POSTAL ADDRESS	
STREET ADDRESS	22 Nofemda Str.
	Kwanongaba
HOME PHONE	
WORK PHONE	
CELLPHONE	061 547 6814
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	ROTTWEILER
COLOUR	BLACK + BROWN
SEX	MALE
DATE OF BIRTH	2024
MICROCHIP/TA	992003000356210
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
13/12/2024		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
13/11/2024	Batch: A230B02 Exp.: 01-2026	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

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

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 (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 t 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) an Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

MSD Animal Health

Nobivac... Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on: facebook.

facebook.com/Bravecto.South

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS.

NOTE 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!

RABIES MOVEMENT PERMIT

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.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 28/11/2024

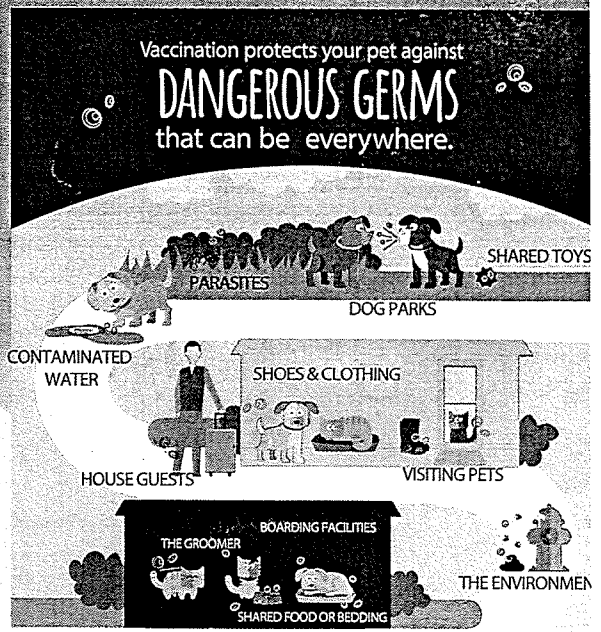
DOCTOR'S NAME Dr A Smith

Garden Route SPCA
P.O. Box 258
George,6530
Ph (044) 693 - 0824
PRACTICE STAMP

MSD 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
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CAR



PET'S NAME

MY VET

ADMISSION No.
TOELATINGSNR. MBY 4383

ADOPTION CONTRACT

DBV SPCA Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and or ID Tattoo No:			

992003000356210

This animal has been
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.

UITPLASINGSKONTRAK

DBV SPCA 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 plig 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 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 (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 aangeklo 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/Me (insluitende voorletters): A. Gingani

HOME ADDRESS
WOONADRES: 22 Nofemela Str, Kwanonqaba

ID/PASSPORT No.:
ID/PASPOORT Nr.: 0305285728088

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

(B):
(W):

CELL No:
SELFOON Nr: 061547 6814

FAX No:
FAKS Nr:

E-MAIL:
E-POS:

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 4799

VEHICLE REG No.
VOERTUIG REG Nr. CCS 6709

VEHICLE MAKE:
VOERTUIG MAAK: VW

COLOUR:
KLEUR: grys

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VERENIGING:

Backhome

Virba

* COMPULSORY F
* PRINT INFORMA

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000356210

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. * 0615476814

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

E-mail *

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

Title * MR Initials * A. Surname * Ginggin.

Street 22 Nofemela City

Suburb Area Code KWA NONQABA

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 * - -

Date of Implant * 29 - 11 - 2024

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

Name of Vet who implanted the Chip NDYEBO NGQELE

PET DETAILS

Pet Name Manho.

Date of birth

Species * CANINE Breed * ROTTWEILER

Colour Brown + BLACK 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