ADOPTION CHECKLIST

ADMISSION NO: MBY 4382

CONTRACT NO: MA0008OT

- [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 28/11/2024.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 04/12/24. 992003000356214

Adoptee INFO:

Name & Surname Keeshia Daniels

Contact INFO: 064 539 8230

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No.	K24 K29			ADMISSION No.	MBY4382	
Stray X	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	06/11/24		Time in	14:15	Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	X Yes / No	Lost & Found Date checked	06/11/24
Microchip/Collar or 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 Bruno
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

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

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

STATEMENT OF SURRENDER

I do hereby certify that I ~~DO / 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 3947	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second ~~Applicant~~
Details of Applicant	Details of third Applicant

Claimed ☐ 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 giv [illegible] 992003000356214 Date 29/11/2024

MEDICAL RECORD

Date	Remarks	Treatment	Cost
13/11/24	[illegible] Bemarel + rabies		
	N Xt - 13/12/24		

PTS APPROVAL

NAME	SIGI

LEASE AGREEMENT

STEVENS TRANSPORT
1986/017767/23
11 Keerom Street
Heiderand
Mossel Bay
044-6930137

1. PARTIES

1.1 Parties to the agreement are: (the **"Landlord") Stevens Transport**

1.2 Full names and last names: **Keeshia Daniels/ Jesswayne Oktober_ (the "Tenant")**

Identity number: **9603110156082/950705199082**
Cell no: 0645398230/
0740755277/_____

Other contact no: _(work)_____

Email addresses: _keeshia.daniels@fnb.co.za /
jesswayneoctober21@yahoo.com_____

2. LEASING AND RENTING

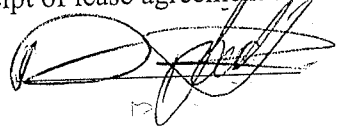
2.1 The ***Landlord*** leases and the ***Tenant*** rents the Premises defined as:
9 Curlew Street, Fair View, Mossel Bay '6500

According to the terms of this agreement and the Tenant acknowledges that he/she has visited the Premises in advance and finds it suitable prior to the signing of this Agreement.

3. PERIOD

3.1 The lease will commence on **_1 Sept 2024__** and will end on **_31 Aug 2025__**
12 months (12 months).One (1) calendar month mutual written notice of termination of the lease agreement by any party is valid .

With this I undertake,
Full names and surname: **Keeshia Daniels/ Jesswayne Oktober**
ID no: **9603110156082/950705199082** (the ***"Tenant") to*** vacate premises within **one month**, upon receipt of lease agreement termination notice.

Signature of Tenant: 

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ID no: **9603110156082/950705199082** (the ***"Tenant") to*** vacate premises within **one month,** upon receipt of lease agreement termination notice.

Signature of Tenant:

18.2 The *Landlord*:
The *Tenant*: The premises rented hereby

18.3 Any notice, reminder or communication duly addressed by a party to another party to the latter's domicilium dispatched by registered post, or delivered by signature to the domicilium , will be deemed to have been received by the latter within five (5) business days after it has been posted or delivered. This provision will not include the use of other methods (including facsimile) for sending or delivering Notifications, assumptions, requirements or any other communication , but no suspicion of delivery will exist if other methods are used.

19. FULL AGREEMENT

19.1 This contract establishes the total agreement between the parties.

19.2 No party has been moved to conclude this agreement by any guarantees, representations, revelations or expressions or opinions not contained in this Agreement as warranties or undertakings.

19.3 No variation or agreed cancellation of this agreement will have any power or effect, if it has not been signed in writing by both parties.

SIGNED AT **Mossel Bay** ON THIS 09 DAY.

OF September 2024 IN THE PRESENCE OF THE

THE WITNESSES BELOW.

TENANT

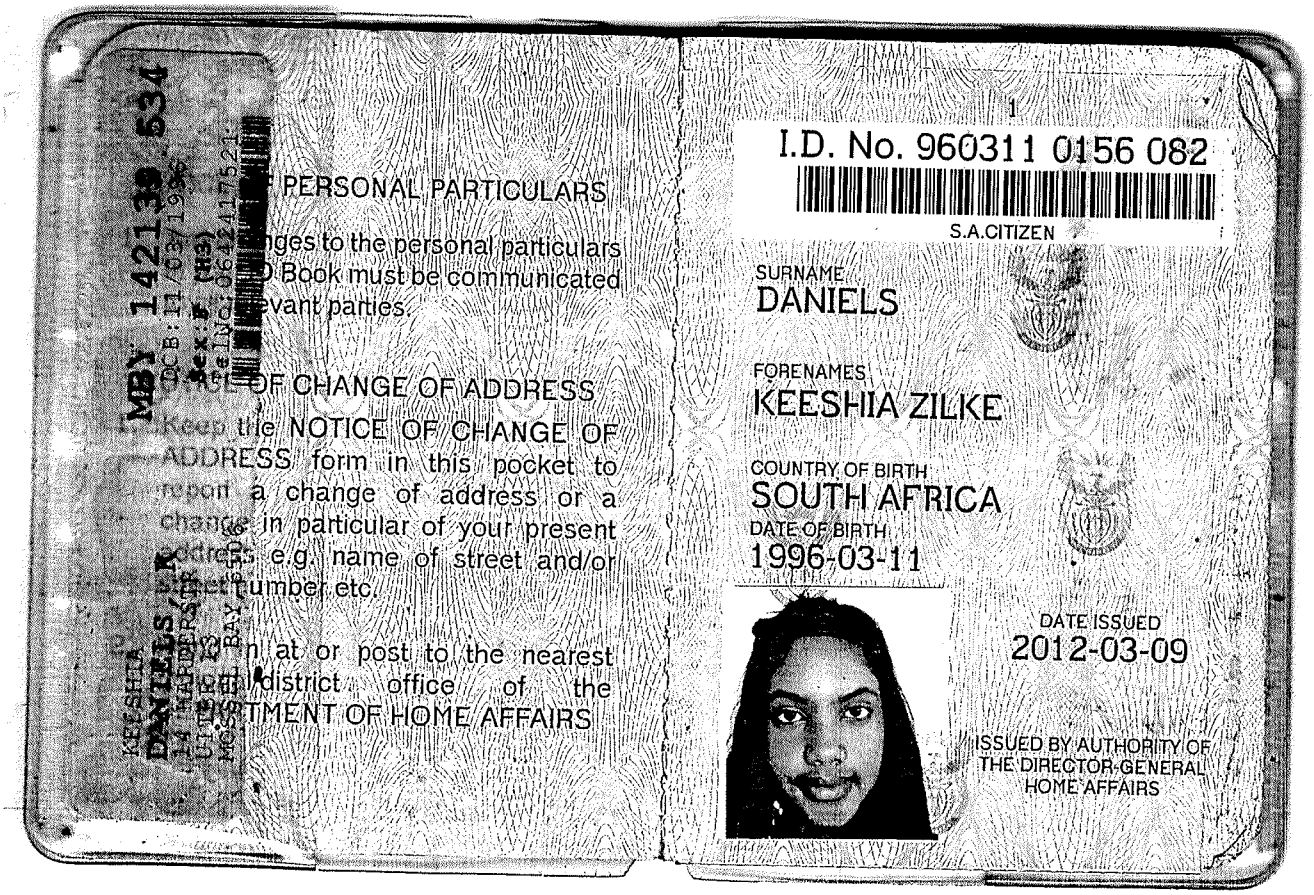
09/09/2024
DATE

LANDLORD

AS WITNESSES:

1. SIGNATURE: _____ ID No: 7501220026089
(IH Craje)
Initials and Surname

2. SIGNATURE: _____ ID No: 8310010098080
(S. Fillies)
Initials and Surname



PERSONAL PARTICULARS

nges to the personal particulars
Book must be communicated
evant parties.

OF CHANGE OF ADDRESS

Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.

n at or post to the nearest district office of the TMENT OF HOME AFFAIRS

1

I.D. No. 960311 0156 082

S.A.CITIZEN

SURNAME
DANIELS

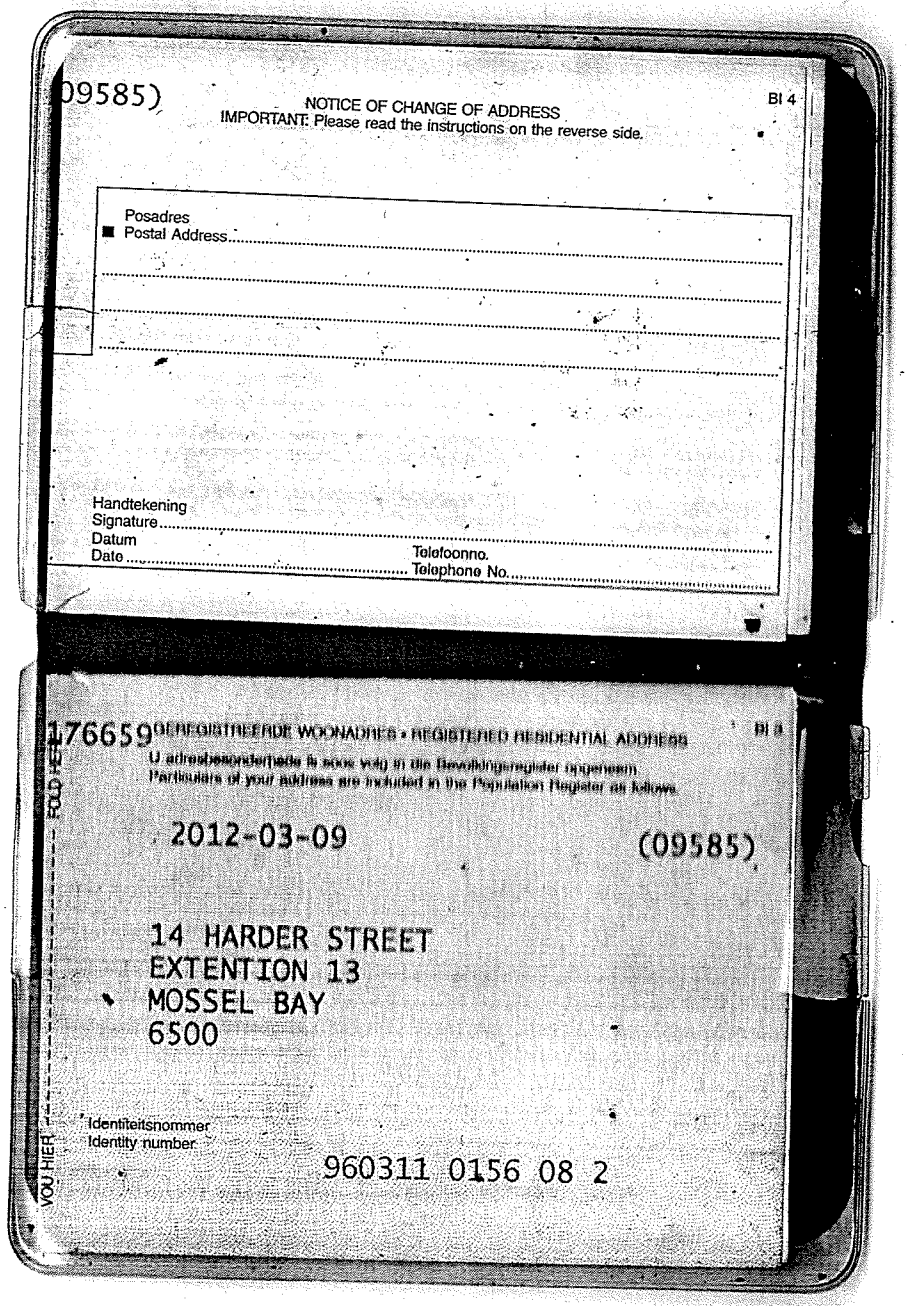
FORENAMES
KEESHIA ZILKE

COUNTRY OF BIRTH
SOUTH AFRICA

DATE OF BIRTH
1996-03-11

DATE ISSUED
2012-03-09

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS



09585)

NOTICE OF CHANGE OF ADDRESS
IMPORTANT: Please read the instructions on the reverse side.

BI 4

Posadres
Postal Address

Handtekening
Signature

Datum
Date

Telefoonno.
Telephone No.

176659 GEREGISTREERDE WOONADRES • REGISTERED RESIDENTIAL ADDRESS

U adresbesonderhede is soos volg in die Bevolkingsregister opgeneem
Particulars of your address are included in the Population Register as follows

BI 4

2012-03-09 (09585)

14 HARDER STREET
EXTENTION 13
MOSSEL BAY
6500

Identiteitsnommer
Identity number

960311 0156 08 2

VOU HIER - - - - - FOLD HERE

Backhome

Virbac

* COMPULSORY F
* PRINT INFORM

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000356214

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. * 064 539 8230

E-mail * keeshia.daniels@fnb.co.za

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

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

Title * MS Initials * K Surname * DANIELS

Street 9 CURLEW STR City

Suburb Area Code FAIRVIEW

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 * 04 - 12 - 2024.

Date of Implant * 29 - 11 - 2024

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

Name of Vet who implanted the Chip NOYEBO NGQELE

PET DETAILS

Pet Name ZUES Date of birth 2024

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

MBY 4382 Bruno
MA000080T

992003000356214

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): Ms KZ Daniels

HOME ADDRESS: 9 Curlew Street, Fairview, Mossel Bay

ID NO.: 9603110156082

POSTAL ADDRESS: As Above

TEL NO (H): (B):

CELL NO: 064 539 8230 FAX NO:

E-MAIL: keeshia.daniels@hb.co.za

Address where animal will be kept: 9 curlew street, fairview, Mossel Bay

Reason for wanting an animal: Company

Occupation: Supervisor

Do you own or rent your property: Rent 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:

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? Heidelberg Vet

How many animals live on your property DOGS CATS OTHER

What are the sexes of your animals? DOGS: 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 CATS OTHER

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

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

Full description of the fencing and gate: Wall and palisade Height: 2.2m

What shelter is provided : OUTDOORS X KENNEL OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No.: 4780

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** 21/11/2024

PRE HOME NO: MPRE 038

ADMISSION NO: MBY 4382.

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030003562 14

MA 000801

PASSED: (YES) / NO DATE UNDERTAKEN: 25-11-24 TIME: 13:08

NAME OF APPLICANT: K Z Daniels

ADDRESS: 9 Curlew Street, Fairview, Mossel Bay

HOME TEL No: _____ CELL No: 064 539 8230

ANIMAL(S) ADOPTING: Rottweiler x

SEX: Male AGE: 2-3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall		Suitability of fence (i.e. small pets can't escape): 2m	
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
Recommend to put wire mesh at the gate.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ **CATS** ☐ **SMALL DOGS**

☑ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: Lucian Bitzi **SPCA:** Mossel Bay **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Keeshia Daniels
POSTAL ADDRESS	
STREET ADDRESS	9 Curlew Street
	Fairview
HOME PHONE	
WORK PHONE	064 539 8230
CELLPHONE	
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	ROTTWEILER
COLOUR	BLACK + BROWN
SEX	MALE
DATE OF BIRTH	2024
MICROCHIP/TATTOO	992003000356214
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
3/12/2024		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
13/11/24	3521083 Nobivac 1 DAPPv Ser. 02-1518050 Exp. 07-APR-2026 29-OCT-2025 MSD Animal Health	AHT
	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	
	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.

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

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: [signature]

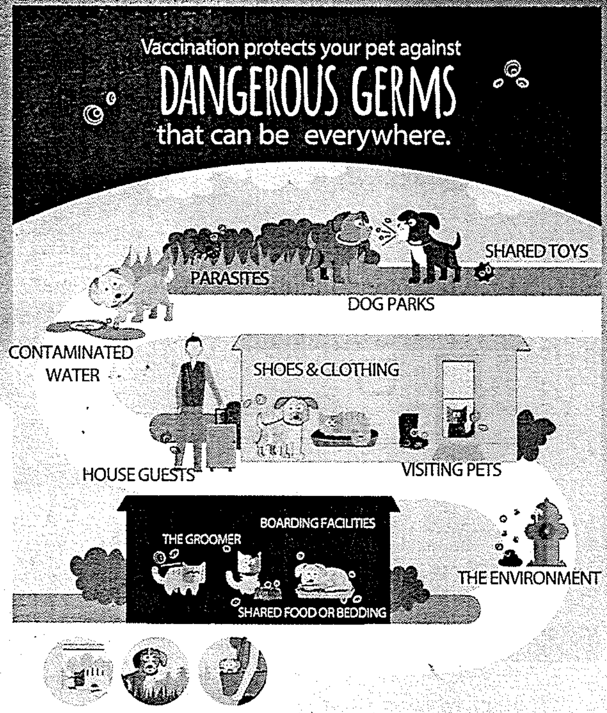
DATE: 28/11/2024.

DOCTOR'S NAME: Dr A S Muller.

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

PRACTICE STAMP

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL 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

ADMISSION No.
TOELATINGSNR. MBY4382

ADOPTION CONTRACT

Gordon Route

DOG / CAT	Breed :	Male/Female	
Microchip a	992003000356214		

This animal h t 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.

UITPLASINGSKONTRAI

Gordon 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 omheen 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/Mej (Insluitende voorletters): Keeshia Daniels

HOME ADDRESS
WOONADRES: 9 Cutlaw Str, Fairview, Mossel Bay

ID/PASSPORT No.:
ID/PASPOORT Nr.: 9603110156082

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

(B):
(W):

CELL No:
SELFOON Nr: 064 539 8230

FAX No:
FAKS Nr:

E-MAIL:
E-POS. keeshia.daniels@fnb.co.za

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 5402

VEHICLE REG No.
VOERTUIG REG Nr. CBS69139

VEHICLE MAKE:
VOERTUIG MAAK: Polo

COLOUR:
KLEUR: Black

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VERENIGING: