

Register

Branding

ADOPTION CHECKLIST

ADMISSION NO:

MBY 1650

CONTRACT NO:

MBY 0058.



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 20/06/24



Copy of Vaccination Record/ Certificate



Microchip

registered on 18/4/24.



Microchip Registration- chip number__



992003000408432

Completed by: Kay levers

Date: 06/04/24

Manager:

Date: 06/04/24

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.

20 June 24



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

Admission - MBY1650
CONTRACT No. MBY0058

DATE: 06/04/24

between

Mosselbay

SPCA

and

Name Altus Erasmus

Address

Telephone Numbers (H) (B) 074 961 1059

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name Sex Female Age 4 months

Description Collie X

On (due date) July 24 Adoption Form No. MBY0058

on the understanding that you will arrange to have this done at the Mosselbay SPCA Veterinary Hospital

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society reserves the right to **confiscate** the animal and **NO MONEY WILL BE REFUNDED**. The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner:

For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Dr. S. Muller

Date: 20/6/24

Signed:

PP [Signature] [Signature]



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

Admission - MBY1650
 CONTRACT No. MBY0058

DATE: _____

between _____ Mosselbay SPCA
 and _____

Name Altus Erasmus

Address _____

Telephone Numbers: (H) _____ (B) 074 961 1059

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name _____ Sex Female Age 4 months

Description Collie X

On (due date) _____ Adoption Form No. MBY0058

on the understanding that you will arrange to have this done at the Mosselbay SPCA Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
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4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>K31 20. K33</u>		ADMISSION No. <u>MBY1650</u>			
☒ Stray	☒ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated
Date in <u>9/01/24</u>			Time in		Date for release
Request for euthanasia					

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	☐ Yes ☒ No	Lost & Found Date checked <u>9/01/24</u>
Microchip/Collar or ID tag found	☐ Yes ☒ No	Date scanned or checked <u>9/01/24</u>	Microchip or ID Tag number	<u>None</u>

DESCRIPTION & HISTORY	Dog ☒	Cat	Other species (Specify) <u>Blk</u>		
	Breed	<u>Collie X.</u>	Colour and Markings	<u>Black & White</u>	
	Condition	<u>Thin</u>	Sex	<u>♀</u>	Age <u>3maand</u>
	Temperament	<u>friendly</u>	Sterilisation details	<u>No</u>	Name <u>Hasty</u>
	Coat <u>S.</u>	Tail <u>L</u>	Teeth Condition <u>fair</u>	Ears	Size <u>M.</u>
	Area found / collected from <u>Mountain view</u>				Date <u>9/01/24</u>
	Reason for surrender				

ASSESSMENT		Surrendered by <u>Hattie Isaacs</u>			
GOOD WITH:		Found by <u>18G. Jackal str.</u>			
Children	☐ Yes ☐ No	Residential Address <u>Mountain</u>			
Cats	☐ Yes ☐ No	Postal Address <u>No postal</u>			
Other Dogs	☐ Yes ☐ No	Tel (H) <u>No num</u> Tel (W) <u>No num</u> Cell <u>064 269 9370</u>			
Livestock/Other	☐ Yes ☐ No	Email <u>None</u>			
DO THEY:	☐ Yes ☐ No	Donation R <u>None</u> Cash Card EFT (Receipt No.) <u>None</u>			
Jump Fences	☐ Yes ☐ No	COMMENTS:			
Run Away	☐ Yes ☐ No	PLEASE INSIST ON A RECEIPT <u>N/A</u>			

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

STATEMENT OF SURRENDER	
I do hereby certify that I DO / I DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray and I DO / I 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 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 <u>[Signature]</u>	Witness for Society <u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Mr Albus Erasmus

HOME ADDRESS: G33 Rivereen Broadway. 9th

ID NO.: 9901225304085

POSTAL ADDRESS: _____

TEL NO (H): 044 695 2088 (B): _____

CELL NO: 074 961 7059 FAX NO: _____

EMAIL: albus05.ac@gmail.com

Address where animal will be kept: G33 Rivereen Broadway.

Occupation: Boilermaker

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

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

Reason for wanting animal: Friend / Companion

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? Border Collie X

Can you afford private fees? Yes Who is your vet? Heidrand Dierkliniek

How many animals live on the property? DOGS? _____ CATS? 2 OTHERS _____

What are the sexes of your animals? DOGS: Male 1 Female 1 DOGS: Male _____ Female _____

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? 0

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

Full description of the fencing and gate: Plastic drade Height: 1.2m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER X

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

Pre Home Inspection Fee: £100 Receipt No: 1721

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 Albus Date of application 26/03/24



ADMISSION NO

MBY 1650

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALSPASSED: ☒ YES ☐ NO

DATE UNDERTAKEN: 3/4/24

TIME: 2:18

NAME OF APPLICANT: Altus Erasmus

ADDRESS: G 33 Rivereen Brandweg

HOME TEL No: 0446952088

CELL No: 074 961 1059

ANIMAL(S) ADOPTING: Dog

SEX: Female

AGE: 4 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	White fence 1.8	Suitability of fence (i.e. small pets can't escape):	None
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	DSH				
CONDITION	Fair				
WELFARE (good?)	Good				
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Farm big enough lots of play gravel and grass... Dog good to go home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



CATS

MEDIUM DOGS



SMALL DOGS

LARGE DOGS

INSPECTED BY: Walter Wagenaar

SPCA:

MBay SPCA

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Mr Altus Erasmus

HOME ADDRESS: G33 Rivereen Brondweg. 90

ID NO.: 9901225304085

POSTAL ADDRESS: _____

TEL NO (H): 044 695 2088 (B): _____

CELL NO: 074 961 1059 FAX NO: _____

EMAIL: altus05.ae@gmail.com

Address where animal will be kept: G33 Rivereen Brondweg.

Occupation: Boilermaker

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

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

Reason for wanting animal: Friend / Companions

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? Border Collie X

Can you afford private fees? Yes Who is your vet? Heiderand Diercklinck

How many animals live on the property? DOGS? _____ CATS? 2 OTHERS _____

What are the sexes of your animals? DOGS: Male 1 Female 1 DOGS: Male _____ Female _____

Are all your animals sterilised? Give details _____

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? 0

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

Full description of the fencing and gate: Plas drade Height: 1.2m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER X

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

Pre Home Inspection Fee: £100 Receipt No: 1721

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 [Signature] Date of application 26/03/24



ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female
Microchip and or ID Tag		



992003000408432

This animal has been given 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.

- 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 rehomed 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 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.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including Initials)
NAAM - Prof/Dr/Mnr/Mvr/Moj (Insluitende voorletters):

HOME ADDRESS
WOONADRES: G 33, Riveren, Brandwag

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

CELL No:
SELFHOON Nr: 074 961 1059

E-MAIL:
E-POS: altusos.ac@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

VEHICLE REG No.
VOERTUIG REG Nr: CBS 79190

SIGNATURE
HANDTEKENING:

DATE / DATUM: 06/09/24



Garden Route

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

Hierdie diër is aan u oorhandig met die vertroue dat u die diër 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n diër gee baie plezier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie diër 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 familieleden stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- Indien ek om enige rede nie langer die diër 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 diër te hou nie sal ek nie besit van die diër afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkoste aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die diër by 'n geskikte persoon met aanvaarbare huis 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 kliënt skaal, in die terugbesorging van die diër.
- Ek sal die diër 'n redelike kans gee om aan sy nuwe tuiste gewoon te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die diër te versorg en te huisves na die Vereniging se tevredenheid.
- Ek sal nie die diër vasketting of gehok hou nie, en aanvaar dat indien die diër wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
- Ek kan die dienste van 'n private veeartsnykundige bekostig.
- Ek onderneem om die diër 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 diër siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die diër 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 diër gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my diër te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir katte gebruik word.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die diër 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 diër wel versorg word soos in die Uitplasingbeleid uiteengesit. Ek sal toelaat dat die Vereniging die diër in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die diër gebruik of toelaat dat die diër 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 diër wat ek aanneem te mishandel verwaarloos of te verlaat nie.

* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wredeheid of verwaarloos van enige diër nie.

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

ID/PASSPORT No.:
ID/PASPOORT Nr.: 9907225304085

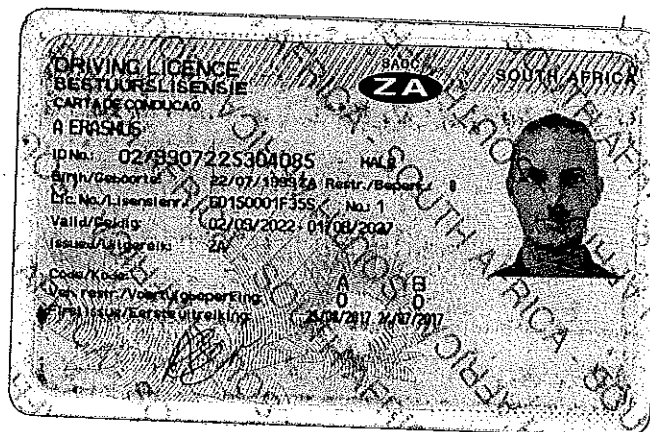
(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: KWITANSIE Nr 3312
RECEIPT No.

VEHICLE MAKE:
VOERTUIG MAAK: FORD BAUTAM COLOUR: WIT
KLEUR:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEENING:



[illegible][illegible]

1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308
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BANKGARANTEE DEBIT (BANK S.L.V.)				
KREDIET	60 DAE	30 DAE	LOPEND	
600P	0.00	0.00	600.25	
BETALBAAR OP				BEDRAG BETALBAAR
15/04/2024				813.00

101 North 3000
 Private Box 13
 MOOSE, UT
 84050
 1 (344) 505-5000
 1 (344) 505-5001
 Administration by Gov. Lee
 www.moose.ut.gov/ut

Payroll Data: Budgets Beyond

PREMIUM BENEFITS
FOR YOU AND YOUR
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Standard Bank is now the primary lender for the
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Majority customers report positive results with the product and value the author's contribution to the new thinking about the MOSSEL-BAY MUNICIPALITY.

The result could have been added in a paper for publication in the *BRAIN* ORGANS.



Mossel Bay

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POSBUS 188
HARTENBOS

6520



MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIP NUMBER



992003000408432

VET OR WELFARE ORGANISATION

Vet Practice Number * FR14 / 1309
 Vet Practice Name * SPCA MOSSELBAY VETROOM.
 Vet Practice Phone - Daytime * 044 6930824

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

PET OWNER INFORMATION

Cell No. * 0749611059 Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.
 E-mail * al+tus05.ae@gmail.com If possible, please provide a personal email, not a company email.
 Title * MR Initials * A Surname * ERASMUS
 Street * G33 RIVERGREEN City *
 Suburb * BRANDWAG Area Code * BRANDWAG
 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 * 05-04-2024
 Was the Microchip implanted by this veterinary practice? Yes No
 Name of Vet who implanted the Chip MARY-ANNE

PET DETAILS

Pet Name
 Species * CANINE
 Colour * Black/white
 Gender * Male Female
 Date of birth
 Breed * COLLIE X JK
 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 need to trace a lost animal, and they use that code on Virbac's website they will be given the personal information of the owner of said animal. The client also agrees that his / her personal information may be used by Virbac to forward him / her a Newsletter as well as to send him / her general information concerning pets. The client acknowledges that he / she has a right to object to the processing of its personal information for marketing purposes and unless expressly stated otherwise, hereby consents to its personal information being used by 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
3. By e-mail Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
4. By App Download the Virbac Backhome Africa App

MY OWNER

NAME
Altus Erasmus

POSTAL ADDRESS

STREET ADDRESS

G33 Riveren

Brandweg

HOME PHONE

WORK PHONE

TELEPHONE

074 961 1059

BREEDER DETAILS

ME

SPECIES
DOG

BREED
COLLIE X

COLOR
Black + white

SEX
FEMALE

DATE OF BIRTH



992003000408432

FEATURES/MARKS

NEXT VACCINATION DUE

DATE DATE DATE

March 2025

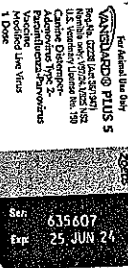
MSD

Animal Health

I WAS VACCINATED ON

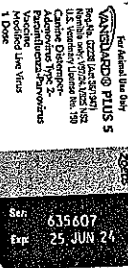
DATE

11/124



VET SIGNATURE

AMT



Triborn + rabies

AMT

12/02

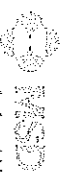


Animal Health

18/03



Triborn AMT



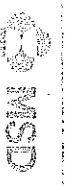
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Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE



Animal Health



Animal Health



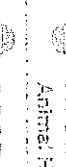
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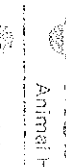
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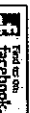
Animal Health

One or five very desiccated, you can do to give me a long and healthy life to vaccination against common diseases.

My mother gave me immunity during my first few weeks by disease fighting antibodies in her milk.

Now it's 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® Treat Trio (Reg. No. G3712 Act 36/1947), Nobivac® Rabies (Reg. No. G2207 Act 36/1947), Qanivet® Tablets (Reg. No. G2717 Act 36/1947) Contains Pradiquantel (isoguanidine) 50 mg/tab and Fenbendazole (benzimidazole) 500 mg/tab. Exelvet Plus (Reg. No. G4223 Act 36/1947) Contains Pradiquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Fenbendazole 150 mg. Exelvet Plus XL (Reg. No. G4227 Act 36/1947) Contains Pradiquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 525 mg. Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fipronil per kg body weight.



546

Hand

Fit for adoption

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