ADOPTION CHECKLIST

ADMISSION NO: MBY 3061

CONTRACT NO: MBY 0136

- [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 End October 2024.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486816

Adoptee INFO:

Name & Surname Desiré Fouché

Contact INFO: 0827124227

Completed by: _____ Date: 22/07/24

Manager: _____ Date: 22/07/24

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.

OC DBV SPCA ADOPTION No ADMISSIC

PRE AND POST HOME INSPECTION FORM

PASSED (YES) / NO DATE UNDERTAKEN: 12/07/24 TIME:

NAME OF APPLICANT: Desiré Elizabeth Fouché

ADDRESS: 11 Feiling Street, Island View

HOME TEL No: CELL No: 0827124227

ANIMAL(S) ADOPTING: StaffieX

SEX: Female AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Vibrogate		Height of fence: 1.2 - 2meter	
Any sign of Kennel/Shelter?	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	Pitbull	Collie			
SEX	male	female			
AGE	2year	12year			
STERILIZED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Big property nice people Animal lover

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ **SMALL DOGS**
- ☑ **MEDIUM DOGS**
- ☑ **LARGE DOGS**
- ☑ **CATS**
- ☐ **EQUINE**
- ☐ **OTHER (specify)**

INSPECTED BY: Lever **SPCA:** Mossel bay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486816

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. * 0827124227

Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * Fouche.onefromthearmy@gmail.com

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

Title * MRS Initials * DE Surname * FOUCHE

Street 11 FELING City

Suburb Area Code ISLAND VIEW

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 * 20-08-2024

Date of Implant * 22-07-2024

Was the Microchip implanted by this veterinary practice? Y Yes No

Name of Vet who implanted the Chip MARY-Ann Chondrum

PET DETAILS

Pet Name STORM Date of birth 2024

Species * DOG Breed * PITBULL X

Colour WHITE Markings

Gender Male X Female Sterilised Yes X 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 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 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 _____ and 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

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL/CAGE #	K21	DATE	
CARD #	MBY3061	BREED	AFRICANUS X
COLOUR	WHITE	STRAY/SURRENDER	SURRENDER
ANIMAL NAME		MALE/FEMALE	FEMALE
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED	No	AGE	3 MONTHS

GENERAL HEALTH CHECK			
EARS	~~NAD~~		
EYES	~~NAD~~		
TEETH	~~NAD~~		
NOSE	~~NAD~~		
LUNGS	~~NAD~~		
HEART	~~NAD~~		
ABDOMEN	~~NAD~~		
HIP	~~NAD~~		
SKIN&COAT	~~NAD~~		
FIT FOR ADOPTION	~~YES~~	NO	
COMMENTS:			

www.mosselbay.gov.za
admin@mosselbay.gov.za
0446065201

Mossel Bay
MUNICIPALITY
MOSSEL BAY | HARTENBOS | GREAT BRAK RIVER | HERBERTSDALE

In antwoord verwys na nommer
In reply quote number
Xa Uphendula chaza Le Nombolo

1/2/3/8/ A.C.E. SNYDERS Collab. 19 Julie 2024

epos: fouche.onefromthearmy@gmail.com

Geagte Me Fouche

MAGTIGING OM MEER AS TWEE HONDE OP ERF AAN TE HOU (3) te 11 FEILING STRAAT ISLAND VIEW

Goedkeuring word verleen om meer as twee honde op u erf aan te hou en word beperk tot die geval van 3 (drie) honde totdat sodanige honde sou afsterf of verminder en slegs twee honde per erf toelaatbaar sal wees volgens die Munisipale Verordening insake die regulering van die aanhou van honde, Pk 6678 gedateer 20 November 2009, onderworpe aan die volgende voorwaardes, naamlik:-

1. dat die honde nie die gewone gerief, gemak, vrede en rus van die bure of enige ander mense versteur nie;
2. deur op enige wyse of gedrag 'n oorlas skep of 'n pes word nie;
3. dat die honde nie in enige openbare pad of plek sal vrylik rondbeweeg, behalwe as sodanige hond aan 'n leiriem gehou en onder beheer van 'n verantwoordelike persoon is;
4. dat die perseel waar die honde aangehou word, behoorlik en voldoende omhein is om sodanige honde binne te hou.
5. Hierdie magtiging slegs 2 (twee) jaar geldig is en dat na 2 jaar weer aansoek gedoen moet word

Die nie-nakoming van bogenoemde voorwaardes mag by 'n vêrdere ondersoek van 'n klagte waartydens stawende bewys gevind word en/of 'n skuldig bevinding deur 'n Hof, hierdie toestemming mag nietig verklaar.

Nuwe aansoek moet voor 31 Julie 2026 ingedien word.

Die Uwe

E. NEL
DIREKTEUR: GEMEENSKAPSDIENSTE

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No.	KBA 42			ADMISSION No.	MBY3061	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 5/6/24			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked		Yes / No	Lost & Found Date checked	
Microchip/Collar or ID tag found		Yes / No	Date scanned or checked		Microchip or ID Tag number			

DESCRIPTION & HISTORY					
Dog ✓	Cat	Other species (Specify)			
Breed	X K9		Colour and Markings	White	
Condition	Good		Sex	Female	Age
Temperament	Good		Sterilisation details	NO	Name
Coat S	Tail J	Teeth Condition	Ears D		Size Pup
Area found / collected from	Aska: M. Bay				Date 5/6/24
Reason for surrender	Breeding Compl.				

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

Surrendered by / Found by	X	Name	R. Kbee
Residential Address	18 Starke Meadows Str.		
Aska M. Bay			
Postal Address			
Tel (H)	Tel (W)	Cell	
Email			
Donation R	Cash	Card	EFT	(Receipt No.)

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 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 uitdrukilk 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 R KK	Witness for Society

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

MY OWNER

NAME: Desiré Elizabeth Fauché

POSTAL ADDRESS:

STREET ADDRESS: 11 Feiling Street
Island View

HOME PHONE:

WORK PHONE:

CELL PHONE: 0827124227

BREEDER DETAILS:

ME

SPECIES: DOG

BREED: PITBULL X

COLOUR: WHITE

SEX: FEMALE

DATE OF BIRTH: 2024

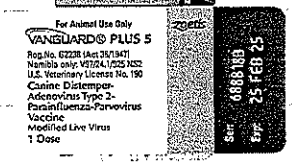
MICROCHIP/TATTOO: 992003000486816

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
02/08/24		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
07/06/24		NN
05/07/24		NN
	+ Rabies	
	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 temporary protection for the first few weeks by passing on disease-fighting antibodies in her milk.
Now it's up to you to keep my vaccinations up to date as advised by my vet.

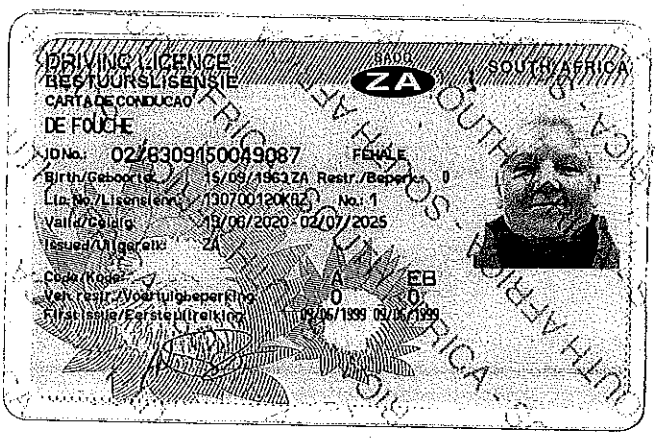
Nobivac® DHPPi (Reg. No. G2377 Act36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947), **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947), **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 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.

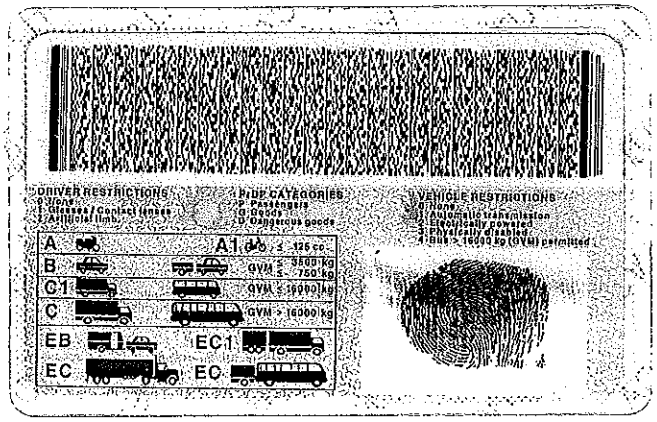
MSD Animal Health

Quantel Exitel Plus Exitel Plus XL

Find us on facebook

facebook.com/BravectoSouthAfrica


DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO
DE FOUCHE
ID No. 02/8309150049087 FEMALE
Birth/Geboorte 15/09/1963 ZA Restr./Beperk. 0
Lic.No./Lisensienr. 130700120KQZ No.: 1
Valid/Geldig 19/06/2020 - 04/07/2025
Issued/Uitgereik ZA
Code(Kode) A EB
Ver.restr./Voertuigbeperking 0 0
First issue/Eerste uitreiking 09/06/1999 09/06/1999
SADC
ZA
SOUTH AFRICA


DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb
HGV CATEGORIES
D Passengers
C Goods
D Dangerous goods
A
A1 ≤ 125 cc
B
GVM ≤ 3500 kg
≤ 750 kg
C1
GVM ≤ 16000 kg
C
GVM > 16000 kg
EB
EC1
EC
EC
VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 Bus > 16000 kg (GVM) permitted

ADMISSION No. **MBY0136**
TOELATINGSNR.

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male / Female
Microchip and or ID Tag		992003000486816

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to **return** it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will **not chain or cage** the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only **elasticated or quick release collars** may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post with seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

UITPLASINGSKONTRAK

Garden Route

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

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle 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 veeartsnykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - **slegs rekbandjies** mag vir katte gebruik word.
14. My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres

** Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.*
** Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarlosing van enige dier nie.*

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

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters): Desiré Elizabeth Fouché

HOME ADDRESS
WOONADRES: 11 Feiling Str, Island View

ID/PASSPORT No.:
ID/PASPOORT Nr.: 6309150049087

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

(B):
(W):

CELL No:
SELFOON Nr: 0727124227

FAX No:
FAKS Nr:

E-MAIL:
E-POS. fouche.onefromthearmy@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3567

VEHICLE REG No.
VOERTUIG REG Nr. 003 FAJ EC

VEHICLE MAKE:
VOERTUIG MAAK: FORD

COLOUR:
KLEUR: WHITE

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VERENIGING:

DATE / DATUM: 22/7/2024

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0136 DATE: 22/07/24

between Masselbay SPCA

and

Name Desiré Elizabeth Fouché

Address 11 Feiling Street, Island View

Telephone Numbers (H) (B) 0827124227

to have vaccinated against rabies **within one (1) month of the adoption/due date** (delete whichever is not applicable):

Animal's Name Sex Female Age 3 months

Description Pitbull X

On (due date) 02/08/2024 Adoption Form No. MBY 0136

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

1. Should the animal be taken to another Veterinary Hospital or Clinic for the vaccination without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred and the owner is obligated to provide the Society with proof of the vaccination within one (1) month of the date of adoption.
2. If the animal is not vaccinated on the due date mentioned above, the Society **reserves the right to repossess** 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 repossess and/or inspect the animal.
3. This animal cannot be passed on to a new owner. Refer to Adoption Contract.
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 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 RABIES VACCINATION:

Vet: _____ Signed: _____

Date: _____

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0136 DATE: 22/07/24

between Mosselbay SPCA

and

Name Desiré Elizabeth Fouché

Address 11 Ferling Str Island View

Telephone Numbers (H) (B) 0827124227

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

Animal's Name Sex Female Age 3 months

Description Pitbull X

On (due date) End October 2024 Adoption Form No. MBY 0136

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: ______________ Signed: ______________

Date: ______________