Freci Ulitzelli

ADOPTION CHECKLIST

ADMISSION NO: MB/2711

CONTRACT NO: MB/0109

- [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 August
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000356205

Adoptee INFO:

Name & Surname Dorothea Smit

Contact INFO: 0677877293

Completed by: Kay Lewis (Geen) Date: 14/06/2024

Manager: Date: 14/06/2024

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. CB7.				ADMISSION No. MBY2711 (copied)		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 16/05/24			Time in	16:00	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	(Yes) / No	Lost & Found Date checked	16/05/24
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	16/05/24	Microchip or ID Tag number	None.

DESCRIPTION & HISTORY

(Dog) X 4	Cat	Other species (Specify)	B/I.
Breed	~~X Breed~~ Dachund X DR	Colour and Markings	Bruin & Swart.
Condition	Fair.	Sex ♂	Age 1 - Twelve
Temperament	Friendly.	Sterilisation details No	Name
Coat S.	Tail L. Teeth Condition fair.	Ears hang	Size S.
Area found / collected from	Danabaai.		Date 16/05/24.
Reason for surrender	Unwanted puppies.		

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	Renette Pieters		
Residential Address	24 Crete Street Danabaai				
Postal Address	—				
Tel (H) —	Tel (W) —	Cell 073 604 6386			
Email	laurenrenette@gmail.com				
Donation R None	Cash	Card	EFT	(Receipt No.) None.	

PLEASE INSIST ON A RECEIPT

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

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 *	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: _____

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPLA WASEMOSSELBAY

REKENINGNOMMER:	28-000455-004-6
DATUM VAN REKENING:	24/04/2023
LAASTE KWITANSIE DATUM:	21/04/2023
VOORAFBETAALDE METERNOMMER:	

aam:
IIT BL & DMJ
ggingsadres:
WILDERNESLAAN FRAAIUITSIG
LASTING FAKTUUR MAANDELIKSE REKENING

ENSTE POSITO: 1250.00	ERF NOMMER: 455000	TOTALE WAARDASIE: 0	WYK No: 4

DATUM		BESONDERHEDE LESINGDATUM: 15/03/23	BEDRAG
		BALANS OORGEBRING	1627.23
)/04/2023	9308	ELEKTRISITEIT 15/02/2023-15/03/2023	1843.34 *
		6693 - 7346 (653 KWH 28 Dae)	
		BASIES 397.41	
		07/22 653.00 @ 1.846 = 1205.50	
		VAT/BTW 240.43	
)/04/2023	838349	WATER 15/02/2023-15/03/2023	494.29 *
		172 - 199 (27 Kl 28 Dae)	
		BASIES 235.97	
		07/22 5.52 @ 0.000 = 0.00	
		. 12.89 @ 8.058 = 103.87	
		. 8.59 @ 10.475 = 89.98	
		VAT/BTW 64.47	
)/04/2023	300004	VULLIS	261.80 *
		KWITANSIES	3300.00 -
		Balans Oorgedra	0.66 -
		BTW OP '*' ITEMS: 339.04 ACB TOT: 0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	926.66	926.00

BETALINGS MOET OP OF VOOR DIE ERVALDATUM GEMAAK WORD	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/05/2023	926.00

VAT No. / BTW Nr. 4830118370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betalings Besonderhede

Standard Bank PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY

Verwys. Nr.: 280004550046

EasyPay >>>>>915262800045500463

pay@ 11379 280004550046

Message / Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

Vou en skeur af.

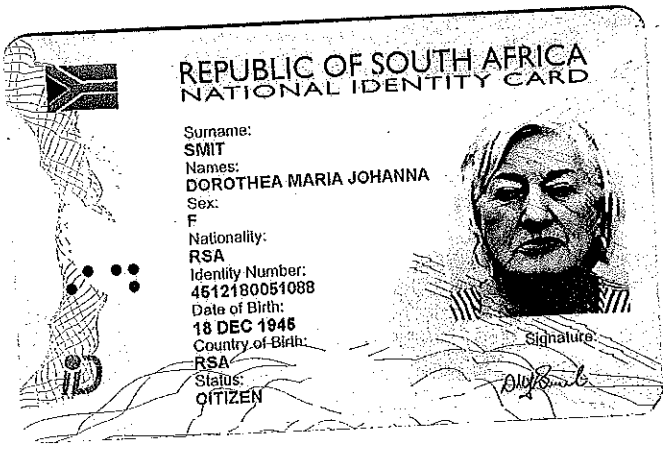
SOUTH AFRICA
Permit Mail
P4010395

Mossel Bay
MUNICIPALITY

SMIT BL & DMJ
POSBUS 1175
KLEIN-BRAKRIVIER
6503

280004550046

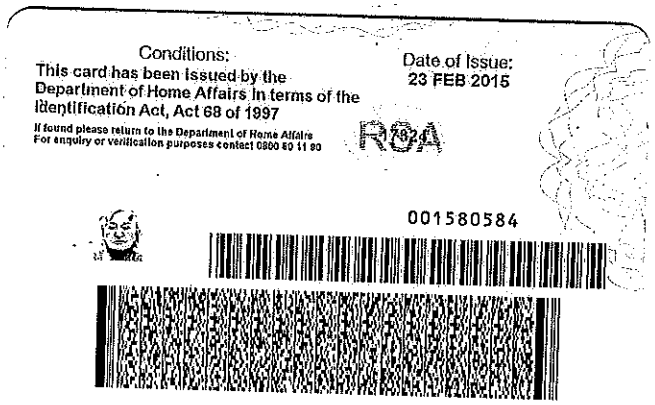
IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
SMIT
Names:
DOROTHEA MARIA JOHANNA
Sex:
F
Nationality:
RSA
Identity Number:
4512180051088
Date of Birth:
18 DEC 1945
Country of Birth:
RSA
Status:
CITIZEN

Signature:



Conditions:
This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997
If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
23 FEB 2015

RSA

001580584

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0109 DATE: 14 Junie 2024.

between Mosselbay SPCA

and

Name Dorothea Smit

Address 14 Wildernis str, Fraaiuitzich, Kleinbrak

Telephone Numbers (H) (B) 0677877293

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

Animal's Name Sex Male Age 12 weeks

Description Dachund x

On (due date) August Adoption Form No. MBY 0109

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 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: Dorothea Smit For SPCA:

CONFIRMATION OF RABIES VACCINATION:

Vet: _____ Signed: _____

Date: _____

Coco.

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0109 DATE: 14 June 2024

between Mosselbay SPCA

and

Name Dorothea Smit

Address 14 Wildernis Str, Fraaiuitzich, Kleinbrak

Telephone Numbers (H) (B) 0677877293

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

Animal's Name Sex Male Age 12 weeks

Description Dachund x

On (due date) August Adoption Form No. MBY 0109

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 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: Dorothea Smit For SPCA:

CONFIRMATION OF RABIES VACCINATION:

Vet: AS Mthi Signed:

Date: 15/08/2024

MY OWNER

NAME	Dorothea Smit
POSTAL ADDRESS	
STREET ADDRESS	14 Wildernis Str
	Fraaiuitsig, Kleinbrak
HOME PHONE	
WORK PHONE	
CELLPHONE	0677877293
BREEDER DETAILS	

ME

SPECIES	DOG
BREED	DACHUND X
COLOUR	BROWN
SEX	MALE
DATE OF BIRTH	2024
MICROCHIP/TATTOO	
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
27/06		
Aug '25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/05	Nobivac Puppy DP Batch: A193D03 Exp: 11-2024	A.H.T
31/05	PEEL HERE Nobivac 1-DAPPv 021317859 21FEB25	A.H.T
13.8.24	PEEL HERE Nobivac 1-DAPPv 021214??E [illegible]-2025; Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F48436 Ut. av./Exp.: 27/04-2026	[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	

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!

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL /CAGE #	CB7	DATE	
CARD #	MBY 2711	BREED	Dachund X Jack russel
COLOUR	Brown + Black	STRAY/SURRENDER	SURRENDER
ANIMAL NAME		MALE/FEMALE	Female
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED	NO	AGE	7 weeks

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:			

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0109 DATE:

between Mosselbay SPCA

and

Name Dorothea Smit

Address 14 Wilderness Str, Fraaiuitsig, Klevnbrak

Telephone Numbers (H) (B) 0677877293

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

Animal's Name Sex Age

Description Declared X

On (due date) August Adoption Form No. MBY 0109

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:

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000356205

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. * 0677877293

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

E-mail * dotsmit1318@gmail.com

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

Title * MRS Initials * D. Surname * SMIT

Street 14 Wilderness Str City

Suburb KLEINBRAK Area Code FRANKITZICH

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 * - -

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip

PET DETAILS

Pet Name COCO. Date of birth 2024

Species * DOG Breed * DACHSHUND

Colour BROWN 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 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

Dachund + SK
+R1200 27/11

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): Dorothea M.J. Smit,

HOME ADDRESS: 14 Wildernis Str, Fraaiuitzicht,

Klein Brak River ID NO.:

POSTAL ADDRESS: Po. Box. 1175, Mosselbaai

TEL NO (H): (B):

CELL NO: 0678777293 FAX NO:

EMAIL: dotsmit1318@gmail.com.

Address where animal will be kept: 14 Wilderis Str. Fraaiuitzicht

Occupation: Pensioenaris

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

YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: Dog lover.

YES/NO

Is the animal for yourself?

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? Ruch (Warshond.

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

How many animals live on the property? DOGS? — CATS? — OTHERS —

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

Are all your animals sterilised? Give details —

How many dogs and cats have you owned in the last 3 years? DOGS? no CATS? no OTHER? no

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/ an animal? no

Full description of the fencing and gate: Wooden Height:

What shelter is provided: OUTDOORS KENNEL OTHER in side Hou

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

Pre Home Inspection Fee: R100 Receipt No: 3484

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 DMJ. Smit **Date of application** 11/6/2024

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) NO DATE UNDERTAKEN: 13/6/23 TIME:

NAME OF APPLICANT: Dorothea Smit

ADDRESS: 14 Wildernis Str, Fraaiuitsig

HOME TEL No: CELL No: 0677877293

ANIMAL(S) ADOPTING: Dachund x

SEX: Male AGE: 11 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION Brick house			
Type and height of fence: Bricks		Suitability of fence (i.e. small pets can't escape):	
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?	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 Property Big . lots of playground. dog good to go home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ **CATS** ☒ **SMALL DOGS**

☒ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: Unity Wagenaar **SPCA:** MBay SPCA **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Dorothea Smit
POSTAL ADDRESS	
STREET ADDRESS	14 Wildernis Str
	Fraaiuitsigh, Kleinbrak
HOME PHONE	
WORK PHONE	
CELLPHONE	0677877293
BREEDER DETAILS	

ME

SPECIES	DOG
BREED	DACHUND X
COLOUR	BROWN
SEX	MALE
DATE OF BIRTH	2024
MICROCHIP/TATTOO	
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
27/06		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/05	Nobivac Puppy DP Batch: A193D03 Exp: 11-2024	A.H.T
31/05	21FEB25	A.H.T

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

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'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 (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.