ADOPTION CHECKLIST

ADMISSION NO: MBV4510

CONTRACT NO: MA000089T

- [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
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486789

Adoptee INFO:

Name & Surname: Chandré Berman Maritz

Contact INFO: 082 2283 741

Completed by: _____ Date: 13/12/2024

Manager: _____ Date: 13/12/2024

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.

GARDEN ROUTE SPCA

ADOPTION VET CHECK - DR. DEMPSEY/DR SUZAAN

KENNEL	CB2	DATE	
CARD NR	MBY4510	BREED	DSH
COLOUR	Torti	STRAY/DONATED	surrender
ANIMAL NAME		MALE/FEMALE	Female
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	

GENERAL HEALTH

EARS	✓
EYES	✓
TEETH	✓
NOSE	✓
LUNGS	✓
HEART	✓
ABDOMEN	✓
HIP	✓
SKIN & COAT	✓
FIT FOR ADOPTION	✓
COMMENTS:	

992003000486789

MA 000897.

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): MRS. Chandré Berman Maritz.

HOME ADDRESS: 13. Rylaan 3. Seemeeu Park. Mossel Bay.

ID NO.: 9309100086087

POSTAL ADDRESS: "

TEL NO (H): (B):

CELL NO: 082 2283 741 FAX NO:

E-MAIL: kcberman1@gmail.com

Address where animal will be kept: 13. Rylaan 3. Seemeeu Park.

Reason for wanting an animal: New addition to the family ♡

Occupation: Marketing

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? Vital Vet

How many animals live on your property DOGS CATS 1 OTHER

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

Are all your animals sterilised? Give details Yes.

How many dogs and cats have you owned over the past 3 years? DOGS CATS 1 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: Walled + Electric gate Height:

What shelter is provided : OUTDOORS KENNEL OTHER

Have you previously had pets from an SPCA? Are there children under the 10 years in your household? Yes

Pre Home Inspection Fee: R100 Receipt No.: 5426

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** 09/12/2024

PRE HOME NO MPRE 047

ADMISSION NO MBY 4510

MA000089T

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003000486789

PASSED: YES / NO DATE UNDERTAKEN: 12/12/24 TIME: 15:00

NAME OF APPLICANT: Chandré Maritz

ADDRESS: 13 Rylaan 3, Seemeeu Park, Mosselbay

HOME TEL No: _____ CELL No: 082 228 3741

ANIMAL(S) ADOPTING: Kitten

SEX: Female AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Irrigate meter		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?	1

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

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ **CATS**
- ☑ **MEDIUM DOGS**
- ☑ **SMALL DOGS**
- ☐ **LARGE DOGS**

INSPECTED BY: KKS **SPCA:** Mosselbay **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 00089T DATE: 13/12/2024

between Mosselbay SPCA

and

Name Chandré Berman Maritz

Address 13 Rylaan 3, Seemeeu Park, Mosselbay

Telephone Numbers (H) (B) 082 2283 741.

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

Animal's Name Sex Female Age 8 weeks

Description

On (due date) End January Adoption Form No. MA 00089T

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

992003000486789

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. * 082 2283 741

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

E-mail * kcberman1@gmail.com

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

Title * MRS Initials * C Surname * MARITZ.

Street 13 Rylaan 3, Seemeeu Park City

Suburb Area Code

Country Province MOSSELBAY

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 * 18 - 12 - 2024

Date of Implant * 13 - 12 - 2024

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

Name of Vet who implanted the Chip NDYEBO NGQELE

PET DETAILS

Pet Name Date of birth 2024

Species * FELINE Breed * OSH

Colour TORTOISE SHELL 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

ADMISSION, ASSESSMENT AND HISTORY RECORD

Longes

DBV SPCA
Garden Route

KENNEL No. CBR CA CS				ADMISSION No. MBY4510		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 16/11/24			Time in 10:00		Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	X Yes / No	Lost & Found Date checked	16/11/24
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	16/11/24	Microchip or ID Tag number			

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)			
Breed	DSH		Colour and Markings	Tortie	
Condition	Fair		Sex	♀	Age 6 weeks
Temperament	Fair		Sterilisation details	NO	Name
Coat Short	Tail long	Teeth Condition Fair	Ears up		Size Small
Area found / collected from	D'Almeida				Date 16/11/24
Reason for surrender	Unwanted				

ASSESSMENT

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

COMMENTS:

Surrendered by / Found by	Y /	Name	Arslen Rondganger		
Residential Address	220 St Blaize Str. EXT 8				
Postal Address	D'Almeida				
Tel (H) N/A	Tel (W) N/A	Cell 0712366714			
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: 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 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 MBY4507	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	Chandre Berman, Maritz
POSTAL ADDRESS	
STREET ADDRESS	13 Rylaan 3,
	Seemeeu park, mosselbay
HOME PHONE	
WORK PHONE	
CELLPHONE	082 2283 741
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	Tortoise shell
SEX	Female
DATE OF BIRTH	2024
MICROCHIP	992003000486789
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
Dec 2025		

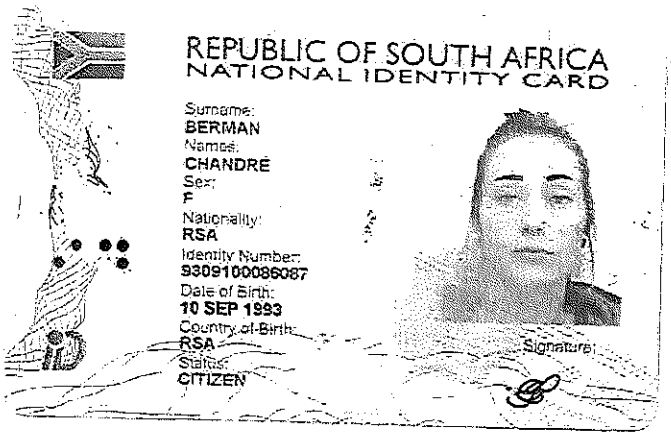
I WAS VACCINATED ON

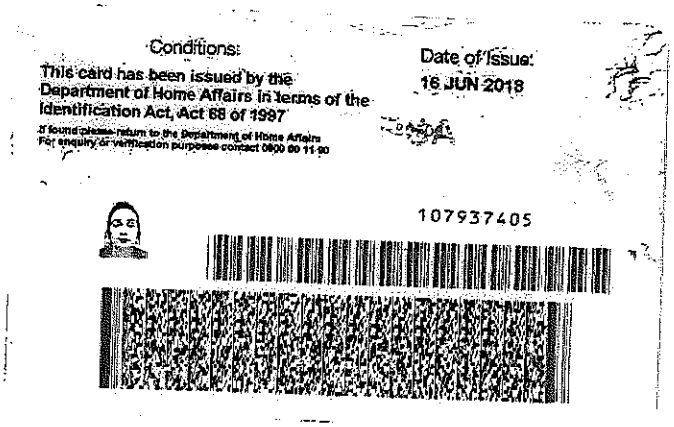
DATE	VACCINE AND BATCH NO.	VET SIGNATURE
29/11/2024	 + milpro + rabies	A.H.T
03/12/2024 ~~25/11/24~~	 + milpro + rabies	A.H.T.
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

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

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.
My mother gave me immunity during my first few weeks by disease fighting antibodies in her milk.
Now it is up to you to keep my vaccinations up to date as advised by my vet.





Signat... / Handtekening

21/02/2022
Date/ Datum

I certify that this document is a true reproduction/copy of the original which was examined by me and that, from my observation, the original has not been altered in any manner

Ek sertifiseer dat hierdie dokument 'n ware afdruk afskrif is van die oorspronklike wat deur my persoonlik besigtig is en dat, soos my waarnemings, die oorspronklike nie op enige wyse gewysig

Craig Terrence Field
Commissioner of Oaths / Kommissaris van Ede
Owner / Manager at Posnet - Heatherpark
Shop 2 Heatherpark Shopping Centre
Cnr. Pine & Witfontein Roads Heatherpark
George
Ref. No. 9/1/8/2

HUURKONTRAK VAN ONROERENDE EIENDOM

Woonstel / Meenthuis / Huis

TL BOTHA PROPERTY PROFESSIONAL

Tel. nr: 044 695 1423
Posbus / PO Box 887
Hartenbos 6520
MOSSELBAAI

E-pos: rentals@tlbotha.co.za

HUURKONTRAK

1. **PARTYE**

1.1 **ANDRIES JONATHAN POTGIETER**
Identiteitsnommer: 730303 5022 08 7
en
ANNA-RADYN POTGIETER
Identiteitsnommer: 730512 0038 08 4

Adres: Van der Westhuizen Str 23, Oudtshoorn

(die "Verhuurder")

En

1.2 **LEROY DEON MARITZ**
Identiteitsnommer: 820415 5009 08 7

En

1.3 **CHANDRE BERMAN MARITZ**
Identiteitsnommer: 930910 0086 08 7

Adres: Rylaan 3 No.13, Seemeeu Park, Hartenbos, Mosselbaai

(die "Huurder")

2. **WOORDBEPALING**
In hierdie ooreenkoms, tensy uit die samehang anders blyk, beteken:

2.1 Huurperseel
(*Skrap 2.1.1 of 2.1.2 na gelang van die geval)

*2.1.1 Erf **16960** tesame met die woonhuis en buitegeboue daarop, geleë te (straatadres) **Rylaan 3 No,13** in die dorpsgebied van **Seemeeupark, Hartenbos**;

OF

*2.1.2 ~~Woonstel/Meenthuis _____~~
~~geleë te (straatadres): _____~~