ADOPTION CHECKLIST

ADMISSION NO: T0771

CONTRACT NO: MA000088T

- [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 None 12/12/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486781

Adoptee INFO:

Name & Surname: Cole Hays

Contact INFO: 072 714 1410

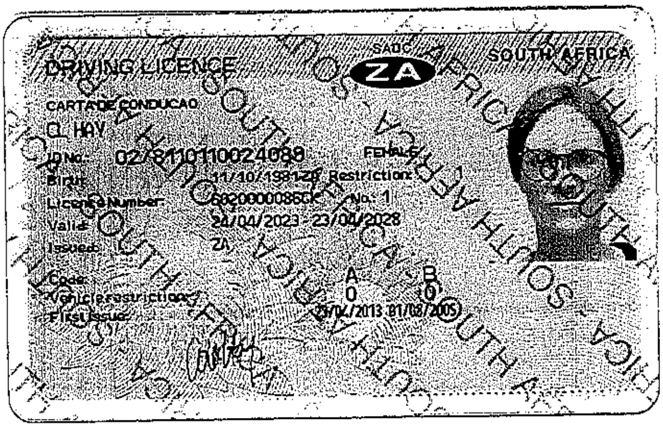
Completed by: _____ Date: 13/12/2024

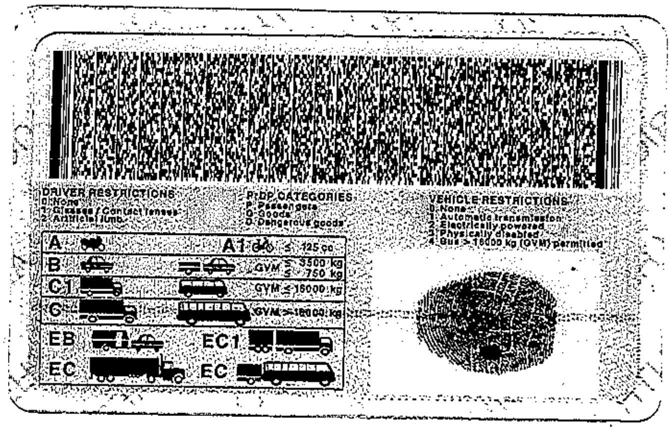
Manager: _____ Date: 13/12/2024

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.


SADC
ZA
SOUTH AFRICA
DRIVING LICENCE
CARTA DE CONDUCAO
Q. HAY
ID No. 02/8110110024088
FEMALE
Birth 11/10/1981 ZA
Restriction: 1
Licence Number 60200000860K
No. 1
Valid 24/04/2023 - 23/04/2028
Issued ZA
Code: A B
Vehicle restriction: 0 0
First issue: 23/04/2013 01/08/2005


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

ADMISSION, ASSESSMENT AND HISTORY RECORD

Logged.

Garden Route

KENNEL No.	150 - K27 - 26 K34					ADMISSION No.	T 0771
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In			Time In	08:40	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 Breed	Colour and Markings.	Brown
Condition	Fair	Sex ♀	Age 2 months
Temperament	good	Sterilisation Details No	Name Zoë.
Coat	Tail	Teeth Condition good	Ears down	Size Small
Area found / collected from	KwanoNqaba		Date 05/11/24
Reason for surrender	Stray found infront of Kwa Police Station		

ASSESSMENT

GOOD WITH:	YES	NO
Children		
Cats		
Other dogs		
Livestock / Other		
DO THEY:		
Jump Fences		
Run Away		

COMMENTS:

Surrendered by / Found by		Name	Constable Kumkani		
Residential Address	Mayi Ahole Str Mossel Bay				
Postal Address	6506				
Tel (H)	Tel (W)	Cell			
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: n/a Case No: n/a Inspector: Thembe

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 reverse 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 amtenare, 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:

Tom

MA 000887

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 COLE HAM (VIR ZOE)

HOME ADDRESS: 6 ELF ST. GOURITSMOND

ID NO.: 811 011 0024089

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0721741410 FAX NO:

E-MAIL: COLEHAMWRITES@GMAIL.COM

Address where animal will be kept: 6 ELF ST. GOURITSMOND

Reason for wanting an animal: COMPANIONSHIP

Occupation: COPYWRITER

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

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? MIXED

Can you afford private veterinary fees? YES Who is your vet? DR DEWET (MOSSELBAAI)

How many animals live on your property DOGS 0 CATS 0 OTHER 0

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 2 CATS _____ OTHER _____

Which animals do you still have, and what happened to the others? DIED OF OLD AGE (15)

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

Full description of the fencing and gate: Height: 1,8m / 1,2m

What shelter is provided : OUTDOORS _____ KENNEL ✓ OTHER INDOORS

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

Pre Home Inspection Fee: R100 Receipt No.: 5413

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** 5-12-2024

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486781

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

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

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

Cell No. * 0721741410

E-mail * colehaywrites@gmail.com

Title * MS Initials * C Surname * Hay

Street 6 Elf Street City

Suburb Area Code GOURTSMOND

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 * 18 . 12 . 2024.

Date of implant * 06 . 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 CHILLI Date of birth 2024

Species * CANINE Breed * X BREED

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 X _____

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

HESSEQUA

MUNISIPALITEIT
MUNICIPALITY
U MASIPALA
VAT NO: 4780193258

TAX INVOICE

HAY CL
6 ELF STREET
GOURITSMOND
6696

BTW Nr.: 00000000000

VAT INVOICE No.	10602
STATEMENT DATE	2024/11/27
ACCOUNT NUMBER	4010021000
DEPOSIT	1967.00

MARKET VALUE	TARIFF AMOUNT	REBATE	DISCOUNT	DISCOUNT PERC.
1980000	0.0076390	50000.00		

SERVICE	CODE/DATE	OPENING BALANCE	PAYMENT	THIS MONTH	VAT	INTEREST	ADJUSTMENT	CLOSING BALANCE
	Basic	374.95	-374.95	326.04	48.91	0.00	0.00	374.95
	Usage	167.60	-167.60	93.69	14.05	0.00	0.00	107.74
	Basic	211.81	-211.81	185.00	27.75	0.00	0.00	212.17
	11/27	266.80	-266.80	232.00	34.80	0.00	0.00	266.80
	11/27	242.65	-242.65	211.00	31.65	0.00	0.00	242.65
rates	11/27	1228.61	-1228.61	1228.61	0.00	0.00	0.00	1228.61
SUB TOTAAL		2492.42	-2492.42	2276.34	157.16	0.00	0.00	2432.92
EX	00/00	0.00	-0.58	0.00	0.00	0.00	0.00	0.00
SUB TOTAAL		0.00	-0.58	0.00	0.00	0.00	0.00	0.00

	OPENING BALANCE	PAYMENT	THIS MONTH	VAT	INTEREST	ADJUSTMENT	DUE
TOTALS:	2492.42	-2493.00	2276.34	157.16	0.00	0.00	2432.92

DUE DATE 2024/12/20	
ARRANGEMENT	0.00
AMOUNT DUE	2432.92

TARIFF

WATER		ELECTRICITY
0.000 - 6.000 KL	10.4100 R/KL	
7.000 - 15.000 KL	10.4100 R/KL	
16.000 - 30.000 KL	11.8700 R/KL	
31.000 - 40.000 KL	12.9600 R/KL	
41.000 - 50.000 KL	15.7700 R/KL	
51.000 - 70.000 KL	16.5000 R/KL	
80 70.000 KL	22.3000 R/KL	

WATER METER READINGS

2024/10/08 PREVIOUS	2024/11/04 PRESENT	CONSUMPTION
3565.000	3574.000	9.000

ELECTRICITY METER READINGS

PREVIOUS	PRESENT	CONSUMPTION

PROPERTY INFORMATION

ERF NO	00000210	WARD	1
STREET ADDRESS	6 ELFSTRAAT		
SUBURB	GOURITSMOND X1		
PORTION			
UNIT	0040010000021000000000000	AREA	1179

DISCONNECTION

The supply of services may be discontinued without further notice if any amount is unpaid after the due date and the deposit may be reviewed simultaneously. Please note that the due date does not apply to any overdue balances.

Happy Christmas and a Prosperous New Year.

SOUTH AFRICA
Permit Mail
P0001250

VOU EN SKEUR AF.

MUNICIPALITY HESSEQUA
MUNISIPALITEIT

4010021000
HAY CL
6 ELF STREET
GOURITSMOND
6696

VOU EN SKEUR AF.

KINDLY TEAR OFF AND RETURN WITH PAYMENT

MUNISIPALITEIT/
HESSEQUA
U MASIPALA

HAY CL

DUE DATE	2024/12/20
AMOUNT	2432.92
ACCOUNT NUMBER	4010021000

DIRECT DEPOSIT

FOR YOUR CONVENIENCE THIS ACCOUNT MAY BE PAID AT ANY BRANCH OF FIRST NATIONAL BANK

BRANCH No.: 200313 A/C No.: 53571024174 A/C TYPE: CHEQUE

REFERENCE No.: 4010021000

PLEASE ENSURE THAT YOU USE THE CORRECT REF NUMBER TO AVOID DISCONNECTION OF SERVICES

accounts@hessequa.gov.za

ADMISSION No.
TOELATINGSNR. T07-71

ADOPTION CONTRACT

Garden Route

MA000088T

DOG / CAT	Breed	: Male/Female
Microchip and or ID T		992003000486781

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.

UITPLASINGSKONTRAI

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 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): Cole Hay

HOME ADDRESS
WOONADRES: 6 Elf Str, Gouritsmond.

ID/PASSPORT No.:
ID/PASPOORT Nr.: 811 011 0024 089

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

(B):
(W):

CELL No:
SELFOON Nr: 0721741410

FAX No:
FAKS Nr:

E-MAIL:
E-POS. colebaywrites@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 5429.

VEHICLE REG No.
VOERTUIG REG Nr. CES 5918

VEHICLE MAKE:
VOERTUIG MAAK: FORD KA

COLOUR:
KLEUR: RED

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

12/12/2024.

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 12/12/2024.

DOCTOR'S NAME

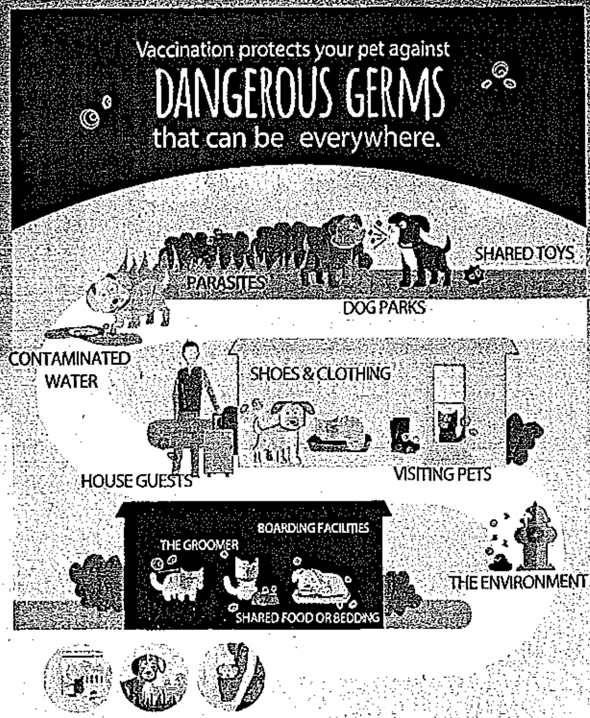
Garden Route SPCA
P.O. Box 258
George, 6530
Ph (044) 693 - 0824

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME Zoë

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

DBV SPCA

PRE HOME NO MPRE 046

ADMISSION NO T0771

MA 00088T

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003000486781

PASSED: YES / NO (YES circled) DATE UNDERTAKEN: 10-12-24 TIME: 16:38

NAME OF APPLICANT: Cole Hay

ADDRESS: 6 Elf Str, Gouritzmond

HOME TEL No: ____ CELL No: 0721741410

ANIMAL(S) ADOPTING: X Breed.

SEX: Female AGE: ± 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: wooden wall		Suitability of fence (i.e. small pets can't escape): 1m	
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?	wooden wall
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?)	No	animals.			
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Aproved greate spacious Home.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Lumono Baqu **SPCA:** mosselbay **SIGNATURE:** [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE