ADOPTION CHECKLIST

ADMISSION NO: MBY 5311

CONTRACT NO: MA00028T

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [ ] Copy of Identity Document or Driver's License
- [ ] Proof of Residence
- [ ] 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 992003000486902

Adoptee INFO:

Name & Surname: Myrtle Sauer

Contact INFO: 082 8963747

Completed by: _____ Date: 24/01/2025

Manager: _____ Date: 24/01/2025

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

DBV SPCA
Garden Route

LABELED

KENNEL No.	CBT C1			ADMISSION No.	MBY5311	
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	13/01/25		Time in	10:46	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	(X) Yes / No	Lost & Found Date checked	13/01/25
Microchip/Collar or ID tag found	Yes / (X) No	Date scanned or checked	13/01/25	Microchip or ID Tag number	—

DESCRIPTION & HISTORY

Dog	(Cat)	Other species (Specify)		
Breed	OSH	Colour and Markings	Grey + white	
Condition	Fair	Sex	♀	Age 2 months
Temperament	Fair	Sterilisation details	NO	Name
Coat S	Tail L	Teeth Condition Fair	Ears Pricked	Size S
Area found / collected from	Kaaimans 44 Heiderand.			Date 13/01/25
Reason for surrender				

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	F.C.A. Gean			
Residential Address	Gysmalberger Str. Mosselbay					
Postal Address	N/A					
Tel (H)	N/A	Tel (W)	N/A	Cell	0663858174	
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 MBY5309	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: _____

Ting toes

MA000028T

992003000486902

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 Myrtle Sauer.

HOME ADDRESS: 84B Montagu Street

Mosselbay ID NO.: 5903090104084

POSTAL ADDRESS: Same

TEL NO (H): — (B):

CELL NO: 0828963747 FAX NO:

E-MAIL: myrtle.sauer@gmail.com

Address where animal will be kept: 84B Montagu Str

Reason for wanting an animal: To spoil ourselves + Kitty

Occupation: Retired

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

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

Reason for wanting an animal:

Is the animal for yourself? YES 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 — OTHER —

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 — CATS — 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: — Height:

What shelter is provided : OUTDOORS KENNEL OTHER ✓

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

Pre Home Inspection Fee: R100.00. Receipt No.: MBY 5569.

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 Sauer **Date of application** 23/1/25

PRE HOME NO MPRE 067

ADMISSION NO 5311

MA 000287

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992 003000486902

PASSED: YES / NO DATE UNDERTAKEN: 23/1/25 TIME: _____

NAME OF APPLICANT: Myrtle Sauer

ADDRESS: 84 B Montagu Str, Mosselbay

HOME TEL No: _____ CELL No: 0828963747

ANIMAL(S) ADOPTING: kitten

SEX: Female AGE: 10 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brick / Zinster		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?	

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 APPROVED FOR THE FOLLOWING ANIMALS:

☒ **CATS** ☒ **SMALL DOGS**

☐ **MEDIUM DOGS** ☐ **LARGE DOGS**

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

POST HOME INSPECTIONS

DATE	**RESULT**	**REMARK**	**BY WHOM**

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Myrtle Sauer
POSTAL ADDRESS	
STREET ADDRESS	84 B Montagu Str
	Mosselbay
HOME PHONE	
WORK PHONE	
CELLPHONE	082 896 3747
BREEDER DETAILS	

ME

SPECIES	FELINE
BREED	DSH
COLOUR	Grey + White
SEX	Female
DATE OF BIRTH	DECEMBER 2024
MICROCHIP/TATTOO	
FEATURES/MARK	

992003000486902

NEXT VACCINATION DUE

DATE	DATE	DATE
14/02/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
15/01/25	 Anteze Animal Health	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	
	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!

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.

MSD Animal Health

Nobivac

Quantel

Exitel Plus

Exitel Plus XL

BRAVECTO

Find us on: facebook.

facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

MOSSELBAAI
Munisipaliteit
101 Marsh Street
Private Bag X 29
Mossel Bay 6500

UMASIPALA

MOSSEL BAY
Municipality
VAT Nr 4830118370
Tel: (044) 606 5000
Fax: (044) 606 5062

WASEMOSSELBAYI

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

Name:
SAUER HA
84B MONTAGU STREET
MOSSEL BAY

6506
Street Address:
84B MONTAGUSTRAAT MOSSELBAAI

TAX INVOICE **MONTHLY STATEMENT** VAT REG. NO.

ACCOUNT NUMBER:	58-002443-005-3
DATE OF ACCOUNT:	23/12/2024
LAST RECEIPT DATE:	22/12/2024
PREPAID METER NUMBER:s	05005774210

SERVICE DEPOSIT	967.00	ERF NUMBER	2443000	VALUATION	0	WARD	8

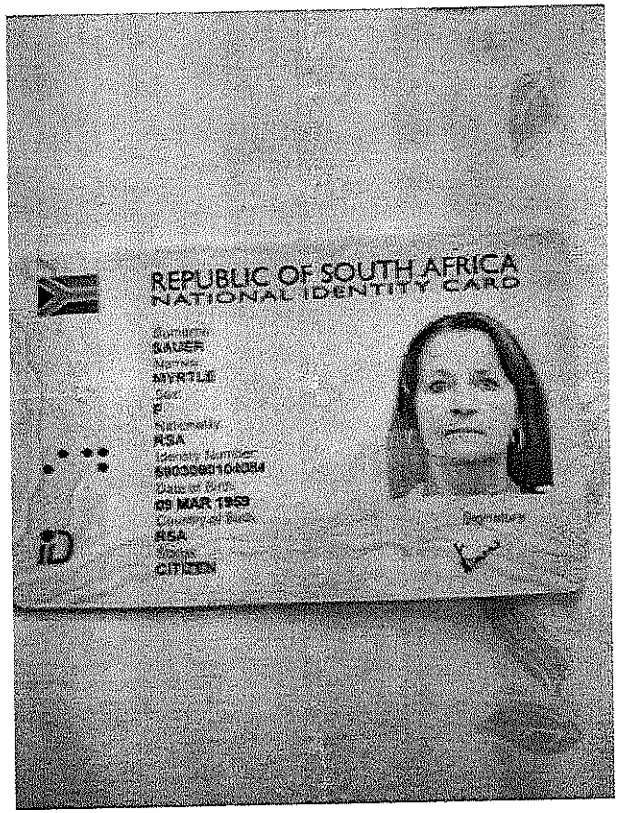
DATE	REFERENCE	DETAILS	READING DATE: 22/11/24	AMOUNT
		B/F BALANCE		1070.16
21/12/2024	0500577421	ELECTRICITY		451.54 *
		BASIC	392.65	
		VAT/BTW	58.89	
21/12/2024	BXUI788	WATER 24/10/2024-22/11/2024		343.59 *
		3821 - 3833 (12 Kl 29 Days)		
		BASIC	237.63	
		07/24 5.72 @ 0.000 =	0.00	
		. 6.28 @ 9.737 =	61.15	
		VAT/BTW	44.81	
21/12/2024	300008	REFUSE		299.64 *
		RECEIPTS		1100.00-
		Balance Carried Forward		0.93-
		VAT ON '*' ITEMS: 142.78 ACB TOT:	0.00	

CREDIT	60 DAYS	30 DAYS	CURRENT	AMOUNT DUE
0.00	0.00	0.00	1064.93	1064.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE.	DUE DATE	AMOUNT DUE	R	1064.00
	15/01/2025			

NOTICE Standard Bank is now the Primary banker for the MOSSEL BAY MUNICIPALITY Municipal Customers, service providers, members of the public and various stakeholder sare therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY
580024430053

EasyPay >>>>>9152658002443005 30 PAY@ 11379 580024430053


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname
SAUER
Names
MYRTLE
Sex
F
Nationality
RSA
Identity Number
5903580104084
Date of Birth
05 MAR 1959
Country of Birth
RSA
Status
CITIZEN
Signature

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA000281 DATE: 24/01/2025

between Mosselbay SPCA

and

Name Myrtle Sauer

Address 84 B Montagu Street, Mosselbay

Telephone Numbers (H) 082 896 3741 (B)

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

Animal's Name Sex Female Age 10 weeks

Description Dark Grey + White

On (due date) Adoption Form No. MA000281

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 the 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: Sauer For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Signed:

Date:

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICR[illegible]

992003000486902

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 8963747

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

E-mail * myrtle.sauer

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

Title * MRS Initials * M Surname * SAUER

Street 84 B Montagu STR City

Suburb Area Code MOSSELBAY

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 * 30 - 01 - 2025

Date of Implant * 24 - 01 - 2025

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

Name of Vet who implanted the Chip Ndycbo Ngqele

PET DETAILS

Pet Name

Species * FELINE

Colour Grey + White

Gender Male (Female)

Date of birth 2024

Breed * DSH

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

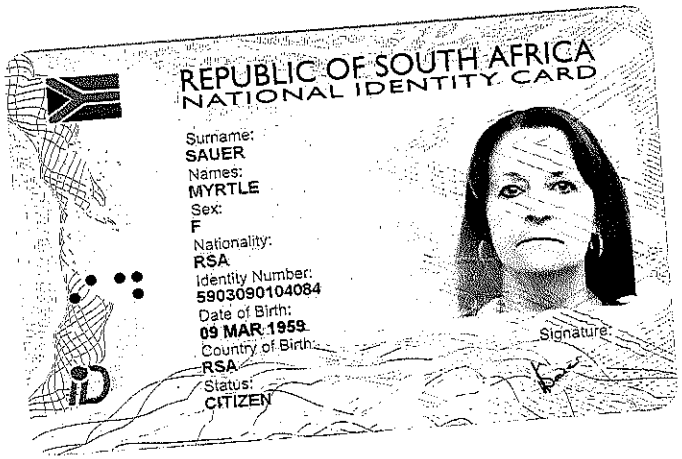
Medical Insurance Phone

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 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


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
SAUER
Names:
MYRTLE
Sex:
F
Nationality:
RSA
Identity Number:
5903090104084
Date of Birth:
09 MAR 1959
Country of Birth:
RSA
Status:
CITIZEN
Signature:

ADOPTION CONTRACT

DOG/CAT	Breed	Male/Female	ADMISSION NO:
Microchip and (	992003000486902		

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 the 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 the form of a microchip or a collar and tag – only **elasticised 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 the 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 within 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): Myrtle Sauer

HOME ADDRESS: 84 B Montagu Str. ID/PASSPORT NO.: 5903090104084

TEL NO (H): _____ (B): _____

CELL NO: 082 896 3747 FAX NO: _____

E-MAIL: myrtle.sauer@gmail.com

ADOPTION FEE: R850 cash / card/ eft DONATION: _____ RECEIPT No. 5572

VEHICLE REG. No. CBS 67483 VEHICLE MAKE: Renault COLOUR Blue.

SIGNATURE: _____ WITNESS FOR SOCIETY: _____

DATE: 24/01/2025