1530

ADOPTION CHECKLIST

ADMISSION NO: MBI 7274 07

CONTRACT NO: MA0133

- [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 DONE 30/09/2025.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number. 15/10/25 992003000577784

Adoptee INFO:

Name & Surname Mr M.J. Smith

Contact INFO: 082491 7508

Completed by: [signature] Date: 03/10/2025

Manager: [signature] Date: 03/10/2025

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.

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): M. J. Smith

HOME ADDRESS: 23/489 Zwarte Farm, Jongensfontein, Western Cape, 6675

ID NO.: 731117 5106 081

POSTAL ADDRESS: Post Net Stilbaai Box 128

TEL NO (H): - (B): -

CELL NO: 082 491 7508 FAX NO: -

EMAIL: mike@buildnchip.co.za

Address where animal will be kept: AS ABOVE

Occupation: Manager

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

Are you a student with consent to keep pets: YES/(NO)

Reason for wanting animal: Want a cat / cats for farmhouse

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? Any breed of cat

Can you afford private fees? Yes Who is your vet? Stilbaai Diere Kliniek

How many animals live on the property? DOGS? 1 CATS? 1 OTHERS 7 sheep

What are the sexes of your animals? DOGS: Male 1 Female ____ CATS: Male 1 Female ____

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 3 CATS? 1 OTHER? ____

Which animals do you still have, and what happened to the others? 2 dogs live with family

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

Full description of the fencing and gate: Wire fencing around farm Height: ± 1.5m

What shelter is provided: OUTDOORS ____ KENNEL ____ OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: MBY 7995

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 M.J.S. **Date of application** 22/09/2025

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000577784

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. * 082 491 7508

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

E-mail * mike@buildnchip.co.za

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

Title * MR Initials * M Surname * SMITH

Street 23/489 Zwarte Farm City

Suburb Jongensfontein Area Code Jongensfontein

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 * 01 - 10 - 2025

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name Date of birth

Species * FELINE Breed * DSH

Colour TABBY 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
4. By App	Download the Virbac Backhome Africa App

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Robyn
   - Contact Number: 071 710 0221
   - Email Address: _____

2. **Additional Family Member/Friend Details**
   - Full Name: Michael Smith
   - Contact Number: 082 491 7508
   - Email Address: mike@bwdrelay.co.za

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? _____
   - Where? _____
   - What animal did you adopt? _____

1. **Adoption Contract Acknowledgment**

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: _____
Date: 03/10/2025

992 003006 577784 Section 4-1/2a

DBV SPCA

ADOPTION No: _____ ADMISSION No: MBY 7274

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO ✓ DATE UNDERTAKEN: 24 SEPT 2025 TIME: 13h00.

NAME OF APPLICANT: MR M.S. SMITH

ADDRESS: 23/489 Zwarte Farm Jongensfontein.

HOME TEL No: _____ CELL No: _____

ANIMAL(S) ADOPTING: 12yr old of cat

SEX: Male. AGE: 2yrs.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence:		Height of fence:	
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	Sheepdog				
SEX	M				
AGE	± 1yr				
STERILIZED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

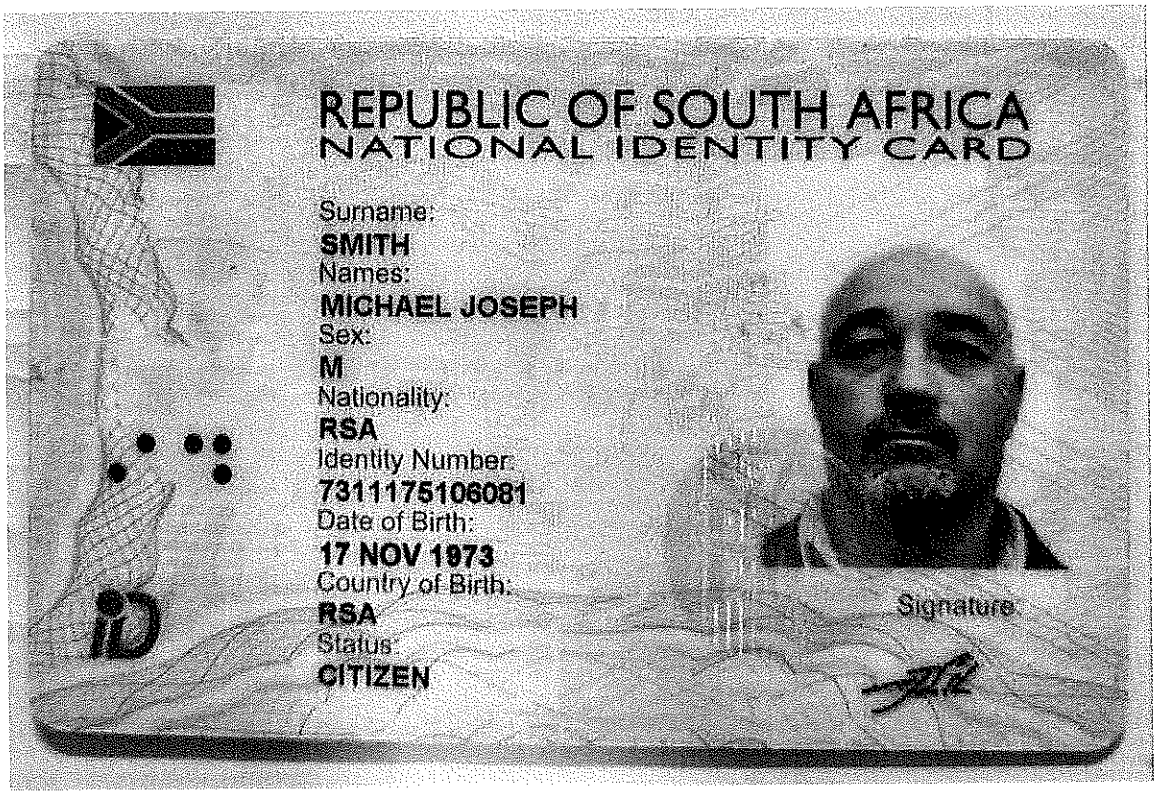
INSPECTED BY: Elaine Hardy SPCA: SPCA0827002491 SIGNATURE: Hardy

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New revision July 2013



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
SMITH
Names:
MICHAEL JOSEPH
Sex:
M
Nationality:
RSA
Identity Number:
7311175106081
Date of Birth:
17 NOV 1973
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:
24 APR 2019

RSA

110445010

Eskom

ESKOM HOLDINGS SOC LTD REG NO 2002/015527/30
VAT REG NO 4740101508

SMITH PROPERTY CO (PTY) LTD
PO BOX 128
POSTNET
STILLBAAI
6674

WESTERN REGION
PO BOX 377 Bellville 7535

CONTACT CENTRE: (0860) 037566Shareca
FAX NO: 0862 437 566
E-MAIL: NorthernCape@eskom.co.za
WEB: WWW.ESKOM.CO.ZA

YOUR ACCOUNT NO	7848326646
SECURITY HELD	14440.00
BILLING DATE	2025-09-17
TAX INVOICE NO	784108640073
ACCOUNT MONTH	SEPTEMBER 2025
CURRENT DUE DATE	2025-10-13
VAT REG NO	NOT SUPPLIED
NOTIFIED MAX DEMAND	16.00

Eskom

CUSTOMER SELF SERVICE WEBSITE
https://csonline.co.za

WESTERN REGION
PO BOX 377 Bellville 7535

DIRECT DEPOSIT DETAIL
BANK: ABSA
BRANCH CODE: 334110
BANK ACC NO: 340167430

TAX INVOICE

E-MAIL: mike@buildnchip.co.za

READING TYPE: ESTIMATE	READING DATES: 2025/08/11 - 2025/09/09	NO OF DAYS: 29	SEASON:

Your next estimated reading will be on 09/10/2025

CONSUMPTION SUMMARY FOR BILLING PERIOD

METER NUMBER	PREV. READING	CURR. READING	DIFFERENCE	CONSTANT	CONSUMPTION
1114469121618	97123.0000	97835.0000	712.0000	1.0000	712.0000
TOTAL ENERGY CONSUMED FOR BILLING PERIOD (kWh)					712.00

PREMISE ID NUMBER 1531113274 TARIFF NAME: Landrate 4

POR OF KLEIN JONGENSFONTEIN,STILL BAY

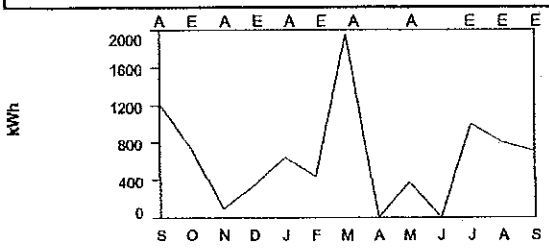
Network Capacity Charge @ R45.92 per day for 29 days	R	1,331.68
Network Demand Charge 712 kWh @ R0.6166 /kWh	R	439.02
Ancillary service charge 712 kWh @ R0.0041 /kWh	R	2.92
Generation Capacity Charge @ R1.78 per day for 29 days	R	51.62
Energy Charge 712 kWh @ R3.6932 /kWh	R	2,629.56
TOTAL CHARGES FOR BILLING PERIOD	R	4,454.80

ACCOUNT SUMMARY FOR SEPTEMBER 2025

BALANCE BROUGHT FORWARD (Due Date 2025-09-08)		R	5,833.58
PAYMENT(S) RECEIVED	ACB Payment - 2025-08-15	R	-5,833.58
TOTAL CHARGES FOR BILLING PERIOD		R	4,454.80
VAT RAISED ON ITEMS AT 15%		R	668.22

CURRENT		TOTAL AMOUNT DUE	R	5,123.02
5,123.02				

ARREARS		
>90 DAYS	61-90 DAYS	31-60 DAYS
0.00	0.00	0.00



PAGE RUN NO	EE 554
BILL GROUP	
BILL PAGE	1 OF 1

ACCOUNT NO / REFERENCE NO
7848326646

NAME
SMITH PROPERTY CO (PTY) LTD

FAX NUMBER

mtnpay 7100 10 0010

2721570017848326646 6

>>>>>> 9207 2784 8326 6469

Pay

easypay a better way to pay

TOTAL AMOUNT DUE
5,123.02

PAYMENT ARRANGEMENT

INSTALMENT
0.00

ARREARS
0.00

DUE DATE
2025-10-13

AMOUNT PAID

LATE PAYMENT CHARGES WILL BE ADDED TO OVERDUE ACCOUNTS

00216Z0000011

GARDEN ROUTE SPCA MOSSELBAY			
DATE	25/08/2025	ANIMAL NAME	
KENNEL NUMBER	CB 1	BREED	DSH
CARD NUMBER	MBY 7274	STERILIZED	NO
COLOUR	Tabby - Grey + white	MALE/FEMALE	MALE
VACCINATED		AGE	ADULT
PROOF OF VACC		STRAY/SURRENDER	STRAY

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	4.80		
TEMPERATURE	38.3°		
EARS	(NAD)		
EYES	(NAD)		
TEETH	(NAD)		
NOSE	(NAD)		
LUNGS	(NAD)		
HEART	(NAD)		
ABDOMEN	(NAD)		
HIPS	(NAD)		
SKIN AND COAT	(NAD)		
FIT FOR ADOPTION	(YES)	NO	

ADDITIONAL COMMENTS

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.

DBV SPCA
Garden Route

KENNEL No. RBC1.				ADMISSION No. MBY7274		
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 19/08/25			Time in	9:00	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	(Yes) / No	Lost & Found Date checked	19/08/25
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	19/08/25	Microchip or ID Tag number	None.		

DESCRIPTION & HISTORY

Dog	Cat X	Other species (Specify)	B I.		
Breed	DSH.	Colour and Markings	Grey & White.		
Condition	Good.	Sex ♂	Age 2 years.		
Temperament	Friendly.	Sterilisation details No.	Name		
Coat S	Tail L	Teeth Condition Fair.	Ears Pricked.	Size M	
Area found / collected from	Hartenbos.			Date 19/08/25	
Reason for surrender	Stray.				

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	Annalize Booysen			
Residential Address	Rylaan 8 Nr 9. Seemeeu Park, Hartenbos.				
Postal Address	No postal.				
Tel (H) No num	Tel (W) No num	Cell 0829209020			
Email	No email.				
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 Booysen	Witness for Society hsg.
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	M.J. Smith
POSTAL ADDRESS	
STREET ADDRESS	23/489 Zwarte Farm
	Jongensfontein, Western Cape, 6675
HOME PHONE	
WORK PHONE	
CELLPHONE	082 491 7508
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	OSH
COLOUR	TABBY
SEX	MALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000577784
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
25/08/2025	Nobivac + milpro 02071465C 02-JAN-2026	
23/09/25	Nobivac + milpro 02071465C 02-JAN-2026 + Rabisin	
	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!