ADOPTION CHECKLIST

ADMISSION NO: MBY 8456

CONTRACT NO: MA 0130

- [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 END NOV.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 05/11/25
- [x] Microchip Registration- chip number 992003000579675

Adoptee INFO:

Name & Surname Mrs Ann-Phia Basman

Contact INFO: 0725962515

Completed by: _____ Date: 24/10/25

Manager: _____ Date: 24/10/25

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.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000579675

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. * 0725962515

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

E-mail * annphiab@gmail.com

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

Title * MRS Initials * A Surname * BOSMAN

Street 7 PRUIMBAS City

Suburb Area Code VILLAGE ON SEA

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 * 09 - 11 - 2025

Date of Implant * 23 - 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 Lexi.

Date of birth 2025

Species * FELINE

Breed * DSH

Colour WHITE

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: Meyer Bosman
   - Contact Number: 0822622338
   - Email Address: annphiab@gmail.com
     meyer.bosman@gmail.com.

2. **Additional Family Member/Friend Details**
   - Full Name: Corna Bosman
   - Contact Number: 076334 1455.
   - Email Address: _____

3. **Previous SPCA Adoption** N/A.
   - 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: 24/10/2025

CHLUUU5-14

ADMISSION, ASSESSMENT AND HISTORY RECORD

L

DBV SPCA
Garden Route

KENNEL No. CB 16				ADMISSION No. MBY8456		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 27/09/25			Time in	18:55	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	✓ Yes / No	Lost & Found Date checked	27/09/25
Microchip/Collar or ID tag found	✓ Yes / No	Date scanned or checked	27/09/25	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog / Cat	Other species (Specify) B/t			
Breed DSH	Colour and Markings White			
Condition good	Sex	Age Juvenile 5 weeks		
Temperament Friendly	Sterilisation details None	Name —		
Coat short / Tail short / Teeth Condition good	Ears up	Size small		
Area found / collected from Mosselbay SAPS		Date 27/09/25		
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		Name	CST L. Hutzela	
Found by	✓			
Residential Address	Mosselbay / SAPS			
Postal Address	None			
Tel (H) None	Tel (W) None	Cell 082 302662		
Email None				
Donation R None	Cash	Card	EFT	(Receipt No.) None

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None Inspector: Kuer

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	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	Ann-phia Bosman
POSTAL ADDRESS	
STREET ADDRESS	Pruimbas Str 7
	Village on Sea, Mosselbaai
HOME PHONE	
WORK PHONE	
CELLPHONE	072 5962515
BREEDER DETAILS	

ME

SPECIES	FELINE
BREED	DSH
COLOUR	WHITE
SEX	FEMALE
DATE OF BIRTH	September 2025
MICROCHIP/TATTO	992003000579675
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
21/10/25	Nobivac DHPPi 02071474C 16-MAY-2026	
	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!

Nobivac® DHPPi (Reg. No. G2377 Act36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947). **Nobivac® Canine-i 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.

GARDEN ROUTE SPCA MOSSELBAY			
DATE	21/10/2025	ANIMAL NAME	
KENNEL NUMBER	CB 6	BREED	DSH
CARD NUMBER	MBY 845 6	STERILIZED	NO
COLOUR	White	MALE/FEMALE	Female
VACCINATED	Yes	AGE	8 weeks
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	Stray

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	0.55		
TEMPERATURE	38.1		
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

Kinsey's

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): ANN-PHIA BOSMAN

HOME ADDRESS: PRUIMBAS STR 7, VILLAGE ON SEA

MOSSELBAAI ID NO.: 8602240191085

POSTAL ADDRESS: 5005 BO

TEL NO (H): (B):

CELL NO: 0725962515 FAX NO:

EMAIL: annphiab@gmail.com

Address where animal will be kept: PRUIMBAS STR 7, VILLAGE ON SEA

Occupation: OPTOMETRIST

Do you own or rent your property: OWN Do you have consent from owner / Body Corporate? YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: PET

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? HUIS KAT

Can you afford private fees? YES Who is your vet? MOSSELBAAI DIERE HOSPITAAL

How many animals live on the property? DOGS? 2 CATS? OTHERS

What are the sexes of your animals? DOGS: Male 1 Female 1 CATS: Male 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? CAT PUT TO SLEEP (FI

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

Full description of the fencing and gate: Height:

What shelter is provided: OUTDOORS KENNEL OTHER INDOOR

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

Pre Home Inspection Fee: R100. Receipt No: 8000

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 A Bosman **Date of application** 23/9/2025

Vox Telecommunications (Pty) Ltd T/A Vox Telecom
Reg. No.: 2011/000797/07
VAT No.: 4680257989
Lunar Building, Rutherford Estate,
1 Scott Street, Waverley, 2090, South Africa
PO Box 369, Rivonia, 2128, South Africa
Tel: +27 (0)87 805 0000
Fax: +27 (0)86 502 1876
E-mail: info@voxtelecom.co.za
Website: www.vox.co.za

To: Herman Meyer Bosman

7 Pruimbas Street
Village On Sea
Mossel Bay
Mossel Bay
6506
South Africa

Attention: Mr Herman Meyer Bosman
Cellphone: +27 82 262 2338
Email: meyer.bosman@gmail.com

Account Number	9318836
Invoice Date	22 Oct 2025
Due Date	01 Nov 2025
Invoice Number	IAB32872509

Account Queries
Debtors Department: +27 (0) 87 805 0530
Email: accounts@voxtelecom.co.za

1	50/25 Mbps Vuma Fibre Bundle Month to Month Contract. Includes: 50/25 Mbps Fibre Line Uncapped Data Free to Use Wi-Fi Router Router Delivery of R50 Setup of R1000.00 (Clawed back in full if service is cancelled within 12 months) - Refer-a-friend: ST-0AKI06, FTTH Link Service: CXNK00852744 ST-0AKI05, Data Account: vox2823275@vox.co.za ST-0AKI07, Stock Service: B4A00CC8210E,B4A00CC8210E ST-0AKI0A (1/Nov/2025 - 1/Dec/2025)	529.57	1	529.57	0.00	529.57	79.44	609.01

	R529.57	R79.44	**R609.01**

Bank details for direct deposits

Account Holder:	Vox Telecommunications (Pty) Ltd
Account Number:	62374686510
Bank Name:	FNB
Branch Code:	255005
Deposit Reference:	**9318836**

Please use this reference in all your deposit slips to the bank.

Please forward proof of payment to your Accounts Contact as stated above
Please ensure payment is effected by the due date above to ensure that your subscribers continue to enjoy uninterrupted service.
All taxes, levies or similar charges are for your account. Interest will be charged on overdue payments at prime +5% p.a.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname
BOSMAN
Names
ANN-PHIA
Sex
F
Nationality
RSA
Identity Number
8602240191085
Date of Birth
24 FEB 1986
Country of Birth
RSA
Status
CITIZEN

Signature
ABosman

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

30 AUG 2019

111382809