ADOPTION CHECKLIST

ADMISSION NO: MB-/ 8336

CONTRACT NO: MA 0164

- [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 January 2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000578657

Adoptee INFO:

Name & Surname S.P. van Oudtshoorn

Contact INFO: 071 370 6105

Completed by: _____ Date: 25/11/2025

Manager: _____ Date: 25/11/25

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.

HESSEQUA
MUNISIPALITEIT
MUNICIPALITY
U MASIPALA

BTW NR: 4780193258

BELASTING FAKTUUR

ALBERTS CJ
FARM WELGEVONDEN NO 47 PTN 40
RIVERSDALE RD
6670

BTW Nr.: 00000000000

BELASTING FAK Nr.	18153
STAAT DATUM	2025/10/15
REKENING NOMMER	9904704003
DEPOSITO	0.00

MARK WAARDE	TARIEF BEDRAG	KORTING	AFSLAG	KORTING PERS.
869000	0.0080900	50000.00	10.00000	

DIENS	KODE/ DATUM	BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	BALANS
	10/15	83.95	-83.95	73.00	10.95	0.00	0.00	83.95
Rates	10/15	496.93	-496.93	496.93	0.00	0.00	0.00	496.93
SUB TOTAAL		580.88	-580.88	569.93	10.95	0.00	0.00	580.88

	BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	VERSKULDIG
TOTALE:	580.88	-580.88	569.93	10.95	0.00	0.00	580.88

VERVAL DATUM 2025/11/07	
REELING	0.00
BEDRAG VERSKULDIG	580.88

TARIEWE

WATER	ELEKTRISITEIT

WATER METER LESING

VORIGE	HUIDIGE	VERBRUIK

ELEKTRISITEIT METER LESINGS

VORIGE	HUIDIGE	VERBRUIK

EIENDOMS INLIGTING

ERF NR	00047040	WYK	6
STRAAT ADRES	47040 WELGEVONDEN		
DORPS GEBIED	RIVERSDALE RD		
GEDEELTE			
EENHEID	99999900047040000 000000000	OPPERVLAKTE	40865

AFSNY

Die verskaffing van dienste mag gestaak word sonder verdere kennisgewing as enige balans onbetaald is na die betaaldatum en die deposito mag hersien word. Let asseblief op dat die betaaldatum nie van toepassing is op agterstallige balanse.

ONTHOU ASB DAT DIE BETAALDATUM VERANDER HET NA DIE 7DE VAN ELKE MAAND.

SOUTH AFRICA
Permit Mail
P0001250

MUNICIPALITY **HESSEQUA** MUNISIPALITEIT
U MASIPALA

9904704003
ALBERTS CJ
FARM WELGEVONDEN NO 47 PTN 40
RIVERSDALE RD
6670

VOU EN SKEUR AF.

MUNISIPALITEIT/
HESSEQUA
U MASIPALA

ALBERTS CJ

SKEUR ASSEBLIEF AF EN STUUR TERUG MET BETALING

BETAAL DATUM	2025/11/07
BEDRAG	580.88
REKENING NOMMER	9904704003

DIREKTE INBETALING

VIR U GERIEF MAG HIERDIE REKENING BY ENIGE TAK VAN EERSTE NASIONALE BANK BETAAL WORD.

TAK Nr.: 200313 REK. Nr.: 53571024174 REK. TIPE: TJEK

VERWYSING Nr.: 9904704003

GEBRUIK ASB DIE KORREKTE VERWYSINGSNO OM STAKING VAN DIENSTE TE VOORKOM

accounts@hessequa.gov.za

VOU EN SKEUR AF.

9920030005786 57 ADMISSION NO MB-1 8336

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 18/11/23 TIME: 15H30

NAME OF APPLICANT: Mr SP van Oudtshoorn

ADDRESS: 10 Rheebok Str, Bergsig, Groothuis

HOME TEL No: CELL No: 071 370 6105/072 522 6934

ANIMAL(S) ADOPTING: Cat

SEX: Female AGE: Juvenile

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:		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	Potter	GHC			
CONDITION	Good	Good			
WELFARE (good?)	Good	Good			
SEX & AGE	M. 18M.	M. 11 0/	1	1	1
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: Thembeka SPCA: Mbeki SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No.				ADMISSION No. MBY8336		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in			Time in		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		Colour and Markings			
Condition		Sex		Age	
Temperament		Sterilisation details		Name	
Coat	Tail	Teeth Condition	Ears	Size	
Area found / collected from				Date	
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		Name	
Residential Address			
Postal Address			
Tel (H)	Tel (W)	Cell	
Email			
Donation R	Cash	Card	EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No:_____ Case No:_____ Inspector:_____

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 MBY8332	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
tails of Applicant	Details of third Applicant

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VAN OUDTSHOORN
Names:
S. P.
Sex:
M
Nationality:
RSA
Identity Number:
9012265046082
Date of Birth:
26 DEC 1990
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:
07 FEB 2019

109897168

MY OWNER

NAME	S.P. van Oudtshoorn
POSTAL ADDRESS	
STREET ADDRESS	10 Rheebok Street
	Berasig, Grootbrak
HOME PHONE	
WORK PHONE	
CELLPHONE	0713706105
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	CALICO
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000578657
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
13/11/25	Nobivac DHPPi + Milpro 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	
	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-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 (isoquinoline) 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.

Find us on Facebook.

MSD Animal Health

Nobivac Quantel Exitel Plus Exitel Plus XL BRAVECTO

www.facebook.com/BravectoSouthAfrica
www.facebook.com/MSDAnimalHealthSA

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): Mr. SP. van Oudtshoorn.

HOME ADDRESS: 10 Rheebok Str, Bergsig, Great Brakrivier ID NO.: 901 226 5046 087.

POSTAL ADDRESS: As above.

TEL NO (H): Susan 0725226934 (B):

CELL NO: 071 370 6105 FAX NO:

EMAIL: sp.cefmb@gmail.com.

Address where animal will be kept: 10 Rheebok Str

Occupation: Specialist Wellness Cons.

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

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

Reason for wanting animal: New addition to the family & sister for existing cat.

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? Cat - juvenile.

Can you afford private fees? Yes. Who is your vet? Croft.

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

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? 1 CATS? 2. OTHER?

Which animals do you still have, and what happened to the others? 1x dog; 1x cat (older cat died 2024)

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

Full description of the fencing and gate: Fencing around & 1x gate Height: 6 ft.

What shelter is provided: OUTDOORS KENNEL OTHER

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

Pre Home Inspection Fee: R100 Receipt No: 8462

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** 10/11/25.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000578657

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. * 071 370 6105

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

E-mail * sp.cefmb@gmail.com

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

Title * MR

Initials * S.P.

Surname * van Oudtshoorn

Street 10 Rheebok STR

City

Suburb Bergsig

Area Code Groenbrak

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 * 03 - 12 - 2025

Date of Implant * 25 - 11 - 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 2025

Species * FELINE

Breed * DSH

Colour CALICO

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: _____
   - Contact Number: _____
   - Email Address: _____

2. **Additional Family Member/Friend Details**
   - Full Name: Susan v Outhoorn
   - Contact Number: 072 500 6934
   - Email Address: susanvo@uwc.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: _____

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0164 DATE: 25/11/2025.

between Masselbay SPCA

and

Name SP van Oudtshoorn sp.cefmb@gmail.com 9012265046082

Address

Telephone Numbers (H) 0713706105 (B)

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

Animal's Name Sex Female Age 9 weeks

Description DSH

On (due date) January 26 Adoption Form No.

on the understanding that you will arrange to have this done at the Masselbay SPCA 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: