ADOPTION CHECKLIST

ADMISSION NO: MBY 6942

CONTRACT NO: MA 0101

- [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 17/06/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 16/08/25 992003000548174

Adoptee INFO:

Name & Surname Werne van Heerden

Contact INFO: 062 561 3571

Completed by: _____ Date: 13/08/2025

Manager: _____ Date: 13/08/2025

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): Werné van Heerden

HOME ADDRESS: Gouritsmond Gaansfontein

ID NO.: 02053 000 94 087

POSTAL ADDRESS: _____

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

CELL NO: 062 561 3571 FAX NO: _____

EMAIL: wernebrand711@gmail.com

Address where animal will be kept: Gaansfontein

Occupation: Huisvrou

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: Animal Lover

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? Tabby

Can you afford private fees? Yes Who is your vet? _____

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

What are the sexes of your animals? DOGS: Male _____ (Female) CATS: Male _____ Female _____

Are all your animals sterilised? Give details yes she is sterilised

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

Which animals do you still have, and what happened to the others? Jack Russel - Found homes for others

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

Full description of the fencing and gate: _____ Height: _____

What shelter is provided: OUTDOORS _____ KENNEL _____ (OTHER) House

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

Pre Home Inspection Fee: R100. Receipt No: 7895

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** 08/08/25

CERTIFICATE OF STERILISATION/ SERTIFIKAAT VAN STERILISASIE

This is to certify that this pet has been sterilised / Hiermee word gesertifiseer dat hierdie troeteldier gesteriliseer is.

Doctor's Name / Naam van Dokter: S. Laurens

Date / Datum: 17.06.2025

Veterinarian's Signature / Handtekening van Veearts:

S Laurens (BVSc)

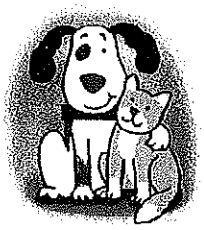
Practice Stamp / Praktyk stempel:

Strandloper Animal Clinic
Old Station Building
102 Port Natal Road
Hartenbos, 6520
Tel: 044 695 0729

VACCINATION CE
INENTINGSERTIF

Name of pet / Naam van troe
Maddox

Stra
Diereklinie
Dr Stelouis



Ou St
Port I

Tel: 0
Nood
084 5

Business Ho
Mon - Fri: 08h30 -
Consultations by appointment

References: 1. Welborn LV., DeVries JG., Ford R., et al. 2011 AAHA Canine Vaccination Guidelines. J Am Anim Hosp Assoc. 2011;47(5):1-42.

Name of pet / Naam van troeteldier: Maddox

1st Owner / Breeder
1ste Eienaar / Teler: CAT Groothrak

Address / Adres:

2 nd/de / Owner / Eienaar:
Address / Adres:

Dog / Hond ☐ Cat / Kat ☒
Breed / Ras: DSH Sex / Geslag: M
Description / Beskrywing: Tabby

Birth Date / Geboortedatum: 02 · 01 · 2023
Reg. No./Nr.:
Microchip Nr / Mikrochipfie Nr:
Date Microcl

WHY SHOULD I VACCINATE MY PET? PUT SIMPLY - VACCINATIONS SAVE LIVES![1]

Vaccination plays a critical role in the maintenance of a healthy pet. Vaccinations have saved millions of pets' lives but, it is important to note that vaccines are preventative rather than curative. You should have your healthy pet vaccinated regularly so as to maintain a healthy status. Vaccinating a sick animal is not going to help and, in fact, is not advised. Vaccinating your pet can save you a lot of heartache. Vaccinations help to minimise the symptoms when your pet is exposed to viral and bacterial diseases, thus saving lives, and preventing unnecessary medical expenses on diseased animals, which could have been avoided.

How do vaccines work?
Vaccines help to strengthen the immune system of your pet so that, when they are exposed to certain diseases, their body is able to fend off the infection totally, or reduce the severity of the disease.

Is it possible to vaccinate against all diseases?
It is not possible to vaccinate against all diseases. Pets are vaccinated against common and/or serious diseases.

VACCINATI(

DATE / DATUM	VACCINE & BATCH NO. / ENTSTOF & LOT NR.
17.08.2015	For Animal Use Only FELOCELL® 3 Reg. No. 6311 (Act 36/1947) Feline Rhinotracheitis-Calici-Panleukopenia Vaccine Modified Live Virus 1 dose
21/07/23	02071465C 02-JAN-20

DE
SE
E

+ mi

Maddox

rooibruin

Cat / Kat [X]
Sex / Geslag: M

...by

...01. 2023

)0548174

VES![1]

...nance of a healthy pet. Vaccinations have ...nt to note that vaccines are preventative ...healthy pet vaccinated regularly so as to ... animal is not going to help and, in fact, ... you a lot of heartache. Vaccinations help ... exposed to viral and bacterial diseases, ...y medical expenses on diseased animals,

...stem of your pet so that, when they are ...able to fend off the infection totally, or

...s?
...ases. Pets are vaccinated against

VACCINATION / INENTING

DATE / DATUM	VACCINE & BATCH NO. / ENTSTOF & LOT NR.	
17.06.2025	For Animal Use Only FELOCELL® 3 Reg. No. G3131 (Act 36/1947) Feline Rhinotracheitis-Calici-Panleukopenia Vaccine Modified Live Virus 1 dose 7637424 10 MAR 26; DEFENSOR 3 SER 726502 EXP 02AUG25	VET SIGNATURE (BUSY) NEXT VACC. DUE 17.07.2025
21/07/25	Nobivac 1-HCPCh 02071465C 02-JAN-2026 + milpro.	VEEARTS HANDTEKENING VOLGENDE ENTING OP
		VET SIGNATURE NEXT VACC. DUE
		VEEARTS HANDTEKENING VOLGENDE ENTING OP
		VET SIGNATURE NEXT VACC. DUE
		VEEARTS HANDTEKENING VOLGENDE ENTING OP

GARDEN ROUTE SPCA MOSSELBAY			
DATE	21/07/25	ANIMAL NAME	Maddox
KENNEL NUMBER	CB1	BREED	DSH
CARD NUMBER	MBY 6942	STERILIZED	NO
COLOUR	Tabby	MALE/FEMALE	MALE
VACCINATED	Yes	AGE	2
PROOF OF VACC	Card	STRAY/SURRENDER	SURRENDER

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	4.8kg		
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

Call & Admit

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA
Garden Route

KENNEL No.	Cattery 1			ADMISSION No.	MBY6942	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	17/07/25		Time in	15:00	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	Yes / X No	Lost & Found Date checked	17/07/25
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	17/07/25	Microchip or ID Tag number	None		

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	Colony	
Breed	DSH	Colour and Markings	Tabby	
Condition	Very Good	Sex	Male	Age 5 years
Temperament	Friendly	Sterilisation details	Vet Book	Name Maddox
Coat Short	Tail Long	Teeth Condition Good	Ears Up	Size Med
Area found / collected from	Crootbraak			Date 17/07/25
Reason for surrender	Unwanted			

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	[redacted]	
Residential Address	[redacted]			
[redacted] Groot brak				
Postal Address	None			
Tel (H) None	Tel (W) None	Cell [redacted]		
Email [redacted]				
Donation R None	Cash	Card	EFT	(Receipt No.) None

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None Inspector: [redacted]

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 1st Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

ADMISSION NO MBY 6942

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 12-8-25 TIME: 18:15

NAME OF APPLICANT: Werné van Heerden

ADDRESS: Plaas Gaansfontein, Gouritsmond

HOME TEL No: CELL No: 062 561 3571

ANIMAL(S) ADOPTING: Cat - Tabby

SEX: Male AGE: ± 2 yrs

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Farm wire		Suitability of fence (i.e. small pets can't escape): 2m	
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	JRT				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	♀ / 11 yrs	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great farm

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ CATS
- ☐ SMALL DOGS
- ☐ MEDIUM DOGS
- ☐ LARGE DOGS

INSPECTED BY: Lumano Bayi SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

SAQCC GAS
South African Qualification and Certification Committee

Certificate No.:
478912
LP Gas - Domestic

LPGSA

CERTIFICATE OF CONFORMITY FOR GAS INSTALLATIONS: OCCUPATIONAL HEALTH AND SAFETY ACT, 1993 Regulation 17(3) of the Pressure Equipment Regulations, 2009

Company Name :	**0**		
Physical Address :	Gansfontein farm, Unit 4 no 519, Gouritsmond	ERF Number:	519
Province :	Western Cape	Town :	Gouritsmond
Postal Code :	6696		

User/Owner's Details

Name & Surname :	RJB van Heerden (jnr)	Capacity :	Owner
Cell No. :	0742898445	Email Address :	123vanheerden@gmail.com

Certificate Received By

Name & Signature :	RJB van Heerden (jnr)	Signature :	

Gas Practioner's Details

Name & Surname :	Jean-Pierre Le Roux	SAQCC Gas Reg no:	9425
Cell No.:	27836207944	Email Address:	jeanpierrelrx@yahoo.com
Company :	JPGas	Tel No.:	0836207944
Practitioner Type:	Permanent	LPGSA Reg No:(If any)	
Practitioner's Signature:			
Date	26-05-25	Job Card	RJB van Heerden (jnr)

Declaration: I Jean-Pierre Le Roux declare that I am an authorised person and confirm that the information provided is correct.

SAQCC GAS
South African Qualification and Certification Committee

Certificate No.:
478912
LP Gas - Domestic

LPGSA

CERTIFICATE OF CONFORMITY FOR GAS INSTALLATIONS: OCCUPATIONAL HEALTH AND SAFETY ACT, 1993 Regulation 17(3) of the Pressure Equipment Regulations, 2009

Type of Installation : Domestic

Reason for Issue of Certificate : New Installation

Previous CoC number issue for the Site if Applicable : 477083

Cylinder Size	Quantity	Cylinder / Tank Details	
9	1	Weight (Kg)	9
		Volume (Ltrs)	21
		Fire Approval if Required (Yes/No)	No

Manifolds

Manifold Type	Vapor/Liquid(Name)	Serial No.	Type

Regulator Brand

Regulator Brand Name	Model Number	Quantity
Astro	704-28	1

Pipework Type

Pipetype	Steel	Copper	Composite	CSST	HDPE
Surface			1.5		
Embedded					
In Roof					
Buried					
Filling Site					
Pipe run in metre	0	0	1.5	0	0

Appliances

Note: for domestic and commercial installations, only appliances that comply with SANS 1539 may be installed. If in doubt contact the appliance supplier or the LPGSA

Type Name	Brand	Model Number
Stove	Bosch	HGW3FSY50Z

Installation Standard	10087-1
Edition	2024:7
Leak test	Pass
Leak Repaired	NA
Static Pressure	2.9kpa
Working Pressure	2.8kpa

SAQCC GAS
South African Qualification and Certification Committee

Certificate No.:
478912
LP Gas - Domestic

LPGSA

CERTIFICATE OF CONFORMITY FOR GAS INSTALLATIONS: OCCUPATIONAL HEALTH AND SAFETY ACT, 1993 Regulation 17(3) of the Pressure Equipment Regulations, 2009

Metered site	No
Flue Termination	Flueless
Flue Operation Tested	Flueless
Ventilation	Pass
Burner Inspection	Pass
Burner Cleaned	NA
Flame Picture	Pass
Appliance operation	Pass
Manifold Inspection	N/A
Manifold Repair	na

Uploaded Supporting Documents :

Geo Locations of COC Latitude :0.000000 Longitude : 0.000000

Mentor Name (if Applicable) **Signature (if Applicable)**

Mentor Registration ID (if Applicable)

Additional comments (if any) Unit 4

Safety Concern/Comments

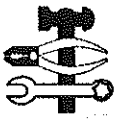
na

In the event of a gas leak, close all valves, open windows and contact your gas installer or supplier

Adhere to all warning signs fitted to the gas installation and cylinders

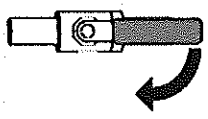
It is advisable to install at least one dry powder fire extinguisher close to the LP Gas cylinder installation

When storing certain volumes of LP Gas on your premises, the local by-laws might require that you obtain a Flammable Liquid Permit (check with your gas supplier/ Fire Department)



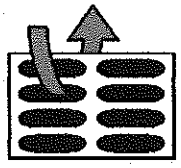
Do not make changes or additions to the gas installation. Only use a registered gas installer

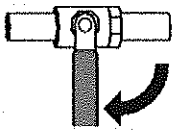
Ensure the cylinder valve is closed before removing the connecting hose or changing the gas cylinder



Open

The installation is equipped with an emergency valve that must be accessible at all times should an emergency arise





Closed

Ensure that the main isolation valve of the gas supply line is closed when the system is not in use for extended periods

Permanent air ventilation may be required for the safety of the occupants of rooms where gas appliances are installed. Check with the gas installer

Empty Cylinders must be closed and stored in a safe place away from extreme heat

All gas installations and appliances should be checked for leaks and safe operation every 12 months

LP Gas hoses to connect cylinders must be replaced every 5 years or sooner if they show any cracks in the surface

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Riaan Van Heerden
- Contact Number: 074 289 8445
- Email Address: vriaan46@gmail.com

2. Additional Family Member/Friend Details

- Full Name: Kayla Sceepers
- Contact Number: 073 144 6032
- Email Address: Kaylasceepers121@gmail.com

3. Previous SPCA Adoption

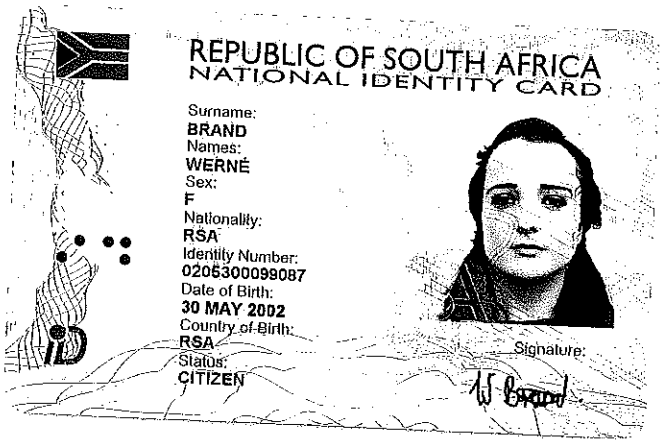
- Have you previously adopted SPCA? (Yes/(No))
- If yes, when? _____
- Where? _____
- What animal did you adopt? _____

1. Adoption Contract Acknowledgment

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

Signature: _____

Date: 14/08/2025



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BRAND
Names:
WERNÉ
Sex:
F
Nationality:
RSA
Identity Number:
0205300099087
Date of Birth:
30 MAY 2002
Country of Birth:
RSA
Status:
CITIZEN

Signature:

BackHome®

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER * TROP COPY - Practice Copy

992003000548174

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 * FR14 / 13019

Vet Practice Name * SPCA Vetroom Mosselbay

Vet Practice Phone - Daytime * 044 6930824.

PET OWNER INFORMATION

Cell No. * 0 625613571 Only mobile numbers in South Africa and Namibia will be receiving SMS notifications.

E-mail * wernebrand711@gmail.com

Title * MRS Initials * W Surname * VAN HEERDEN

Street GANSFONTEIN PLAAS City

Suburb Area Code GOURITSMOND

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

CHIP DETAILS

Registration Date * 14 · 08 · 2025

Date of Implant * 13 · 08 · 2025

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

Name of Person who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name Year of Birth 2023

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 Registartion 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 0864 570 463.
3. By e-mail — Scan and E-mail the completed form to backhome@virbac.co.za