

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract Done 07/11/2024
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 992003000355880

ADMISSION NO:

MBY4142

CONTRACT NO:

MA 00063T

Adoptee INFO:

Name & Surname Dr Annica Steyn

Contact INFO: 072 9952151

Completed by: [Signature]

Date: 08/11/2024

Manager: [Signature]

Date: 08/11/2024

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

*handed
C2*



Garden Route

KENNEL No. 9303 <i>CB3</i>				ADMISSION No. MBY4142		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<i>26/10/24</i>	<i>10:46</i>	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	<i>none</i>	Microchip or ID Tag number	<i>none</i>

DESCRIPTION & HISTORY	Dog	<u>Cat</u>	Other species (Specify) <i>BI</i>		
	Breed	<i>BSH</i>	Colour and Markings <i>Tabby</i>		
	Condition	<i>Good</i>	Sex <i>Male</i> Female	Age <i>± 4 months</i>	
	Temperament	<i>Fair</i>	Sterilisation details <i>NO</i>	Name <i>Tekilla</i>	
	Coat <i>Good</i>	Tail <i>long</i>	Teeth Condition <i>Good</i>	Ears <i>up</i>	Size <i>Small</i>
	Area found / collected from <i>Heidelberg</i>				Date <i>26/10/24</i>
	Reason for surrender <i>The owner no longer want it, Because he has dogs</i>				

ASSESSMENT		
GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		
Run Away		
COMMENTS:		

Surrendered by	Name	<i>Vernor</i>
Found by		
Residential Address	<i>36 Hardeloo</i>	
	<i>Heidelberg</i>	
Postal Address		
Tel (H)	Tel (W)	Cell <i>0671820227</i>
Email		
Donation R	Cash	Card
<i>none</i>		EFT (Receipt No.) <i>None</i>

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: *NA* Case No: *NA* Inspector: *NA*

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 set** Conditions on reversed side.

Hiermee verklaar ek dat ek hierdie dier/e 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 uitdruklik 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 <i>[Signature]</i>	Witness for Society <i>[Signature]</i>
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FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐

On Date:



Tequila.
MA00063T



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): Dr Annica Steyn

HOME ADDRESS: 43 P. lorea, Danabadi, 6510

ID NO.: 910619 0035 085

POSTAL ADDRESS: _____

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

CELL NO: 072 995 2151 FAX NO: _____

E-MAIL: annsteyn160@gmail.com

Address where animal will be kept: 43 P. lorea, Danabadi, 6510

Reason for wanting an animal: Companion

Occupation: Medical Writer

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

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

Reason for wanting an animal: _____

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 veterinary fees? YES Who is your vet? Dr. Henk Basson

How many animals live on your property DOGS 0 CATS 0 OTHER -

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

Are all your animals sterilised? Give details YES

How many dogs and cats have you owned over the past 3 years? DOGS _____ CATS 1 OTHER _____

Which animals do you still have, and what happened to the others? None, passed away

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

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

What shelter is provided : OUTDOORS INDOORS KENNEL _____ OTHER _____

Have you previously had pets from an SPCA? YES Are there children under the 10 years in your household? 1

Pre Home Inspection Fee: R100.00 Receipt No.: MBY 473 2

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

[Signature]

Date of application 5/11/2024



PRE HOME NO

MPRE 023

ADMISSION NO

MB4442

6
PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003000355880

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 6/10/24

TIME: 9:00

NAME OF APPLICANT: Dr Annica Steyn

ADDRESS: 43 P. Iorea, Danabani

HOME TEL No: CELL No: 0729952151

ANIMAL(S) ADOPTING: Cat

SEX: Male AGE: 8 months

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?	Wall
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? 0	

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: M. Wenzel SPCA: M. Bay SIGNATURE: M. Wenzel

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION No.
TOELATINGSNR.

MBV 4142



Garden Route

ADOPTION CONTRACT

MA00063T

DOG / CAT	Breed	Male/Female
Microchip ar	992003000355880	

This animal has been found and brought to our attention because 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.

- I do hereby confirm and undertake that:
- I am over eighteen (18) years of age.
- All family members agree to the adoption and will abide by the conditions in the contract.
- 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 rehomed 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.
- I will give the animal a fair chance to adjust to its new home.
- I understand that donations are not refundable or transferable.
- I will feed and house the animal to the Society's satisfaction.
- 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.
- I can afford the services of a private veterinary practitioner.
- I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
- I understand that in 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.
- I will ensure that the animal is sterilised as stipulated by the Society.
- I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only elasticated or quick release collars may be used for cats.
- My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
- I will notify the Society within forty-eight (48) hours should the animal die or go missing.
- I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
- I will permit an authorised officer of 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.
- I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
- I will notify the Society of any change of address in writing by registered post with 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)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters):

HOME ADDRESS
WOONADRES: 43 P. Lorea, Danabai

TEL No (H):
TELEFOON Nr (H):

CELL No:
SELFOON Nr: 072 995 2151

E-MAIL:
E-POS: annsteyn160@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. MBV 4748

VEHICLE REG No.
VOERTUIG REG Nr. CBS 38561

VEHICLE MAKE:
VOERTUIG MAAK: Toyota Corolla

COLOUR:
KLEUR: Wit

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEENING:

DATE / DATUM: 08/11/2024



Garden Route

UITPLASINGSKONTRAK

HOND / KAT	Ras	Manlik/Vroulik
Mikroskyfie en of ID nSkyfie Nommer:		

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuisle sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig verstulm het.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieledes stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg, ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkoste aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en klient skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuisle gewoon te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
- Ek sal nie die dier vasketting of gehok hou nie, en aanvaar dat indien die dier wel in my besit vasketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
- Ek kan die dienste van 'n private veterinsnykundige bekostig.
- Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
- Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
- Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbands mag vir katte gebruik word.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore maak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per geregistreerde pos in kennis stel van enige verandering van adres.

* Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.
* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wredeheid of verwaarloosing van enige dier nie.

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wetlik en bindend is.

Annica Steyn

ID/PASSPORT No.: 910619 0035 085
ID/PASPOORT Nr.:

(B):
(W):

FAX No:
FAKS Nr:

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
STEYN
Names:
ANNICA
Sex:
F
Nationality:
RSA
Identity Number:
9106190035085
Date of Birth:
19 JUN 1991
Country of Birth:
RSA
Status:
CITIZEN

ORGAN DONOR

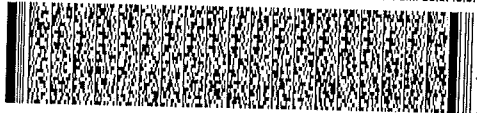

Signature: 



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 80

Date of Issue:
10 NOV 2017

 **33013**
105313176

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

DATE	PRODUCT	DATE	PRODUCT
------	---------	------	---------

This image shows a full page of blank graph paper. The grid consists of horizontal and vertical lines forming small squares across the entire page. There are no margins, text, or other markings present.

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

BY VETERINARIAN

PRACTICE STAMP

VETERINARIAN'S SIGNATURE

DOCTOR'S NAME _____

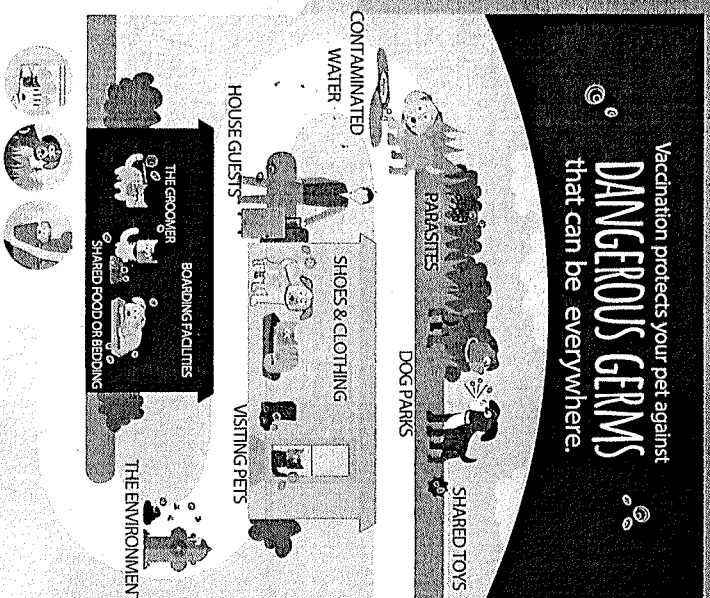
07/11/2024
Dr. A-S-AdAla/16



Animal Health

Interwet South Africa (Pty) Ltd. Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 3300, Fax +2711 392 3158, Sales Fax: 086 603 1777

Vaccination protects your pet against
DANGEROUS GERMS
that can be everywhere.



PET'S NAME

張

GARDEN ROUTE SPCA
MOSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761

theatrem@grspca.co.za

Consulting Hours

Monday and Friday: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday: 09:00 - 11:00

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000355880

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 072 995 2151

E-mail * annsteyn160@gmail.com

Title * DR Initials * A.

Street 43 P. LOREA

Suburb

Country

Phone - Day time

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

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

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

Surname * STEYN

City

Area Code DANABAAI

Province

Phone - Night time

OTHER CONTACTS

Title * Initials *

Surname *

Cell No. *

Title * Initials *

Surname *

Cell No. *

Title * Initials *

Surname *

Cell No. *

CHIP DETAILS

Registration Date * 19 - 11 - 2024

Date of Implant * 07 - 11 - 2024

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name ZUKO

Date of birth 2024

Species * FELINE

Breed * OSH

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 its 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 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 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 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 personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by 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