

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 09/10/2025
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

ADMISSION NO:

MBY7277

CONTRACT NO:

MA0140

Adoptee INFO:

Name & Surname Shanon Witbee

Contact INFO: 061 346 7072

Completed by: _____

Date: 13/10/2025

Manager: _____

Date: 14/10/2025

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.



992003000579678

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: HADLEY WITBOOI
- Contact Number: 072 775 1971
- Email Address: hadley-witbooi@gmail.com

2. Additional Family Member/Friend Details

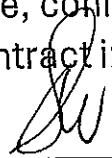
- Full Name: _____
- Contact Number: _____
- Email Address: _____

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: 13/10/25

2 kittens
C3 10/11

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): S. WITBOOI

HOME ADDRESS: 29 MARLINSTRAAT WITB 13

MOSSBURGH ID NO.: 7310110114085

POSTAL ADDRESS: THE SAME AS ABOVE.

TEL NO (H): / (B): /

CELL NO: 061 346 7072 FAX NO: /

EMAIL: Shanewitbooi@gmail.com

Address where animal will be kept: HOME ADDRESS

Occupation: HOUSEWIFE

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: CAT LOVER YES/NO

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? SHORT HAIR

Can you afford private fees? / Who is your vet? HEIDRICH DIAGNOSTIC

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 NO NOT THE DOGS TOO OLD

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

Which animals do you still have, and what happened to the others? CAT FEWER

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

Full description of the fencing and gate: UIBACRTE Height: 2.1 M

What shelter is provided: OUTDOORS / KENNEL / OTHER INDOOR

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

Pre Home Inspection Fee: R100 Receipt No: 8016

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 02/10/2025

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

I.D.No. 731011 0114 08 5



S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

WITBOOI

VOORNAME/FORENAMES

SHANON SURITA ELENORE

GEBORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBORTEDATUM/
DATE OF BIRTH

1973-10-11



DATUM UITGEREIK
DATE ISSUED

2007-05-30

UITGEREIK OP OESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP



992003000579678

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 061 346 7072

E-mail * shanon.witbooi@gmail.com

Title * MRS Initials * S

Street 29 Marlin Street

Suburb

Country

Phone - Day time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

CHIP DETAILS

Registration Date * 15 - 10 - 2025

Date of Implant * 13 - 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 BELLA

Species * FELINE

Colour TABBY

Gender Male ☒ Female

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

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 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 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

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 notifications.

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

Surname * WITBOOI

City

Area Code EXT 13

Province

Phone - Night time

Surname *

Surname *

Surname *

Date of birth 2025

Breed * DSH

Markings

Sterilised ☒ Yes ☐ No

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone



MOSSEL BAY MUNICIPALITY
MOSSelBAai MUNISIPALITEIT
UMASIPALA WASEMOSSelBAYi

REKENINGNOMMER: 74-008359-002-0

BTW REG. NO.

Naam:

WITBOOI HK & SSE

Liggingadres:

29 MARLINSTRAAT DALMEIDA X13

BELASTING FAKTUR MAANDELJKE REKENING

DATUM VAN REKENING: 22/09/2025

LAASTE KWITANSIE DATUM: 21/09/2025

VOORAFBETALDE
METERNOMMER: 04183336033

DATUM	BESONDERHEDE	BEDRAG
19/09/2025	BALANS OORGERING	2571,76
	BASIES	431,91
	VAN/BTW	64,78
19/09/2025 1	WATER 31/07/2025-02/09/2025	421,59 *
	5921 - 5938 (17 Kl 33 Dae)	
	BASIES	261,39
	07/25	6,51 @ 0,000 = 0,00
		10,49 @ 10,030 = 105,21
	VAN/BTW	54,99
19/09/2025 300013	VULLIS	320,62 *
	KWITANSIES	1380,00-
	Balans Oorgegde	0,66-
	BTW OP *** ITEMS: 161,59	ACB TOT: 0,00
KREDIET 60 DAE 30 DAE LOPEND		2420,00
0,00	0,00	1181,76
		1238,90
Betalings moet voor of op die vervaldatum gemaak word		BETALBAAR OP 15/10/2025
		BEDRAG BETALBAAR 2420,00



Voer nie skur af.

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

WITBOOI HK & SSE
MARLINSTRAAT 29
MOSSelBAAi UIT 13
6500



74-008359-002-0

Fold and tear on perforation.

Payment Details / Betaalings Besonderhede

101 Marsh Street
Private Bag X 29
MOSSel BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

VAT No. / BTW Nr. 4630118370



PREDEFINED BENEFICIARY.
MOSSel BAY MUNICIPALITY
REF NO. 740083590020



Message / Boodskap

Standard Bank is now the Primary banker for the
MOSSel BAY MUNICIPALITY.

Municipal customers, service providers, members
of the public and various stakeholders are therefore
informed of the new banking partner for the
MOSSel BAY MUNICIPALITY.

The municipality has been added as a predefined
beneficiary on the Bank Directory.



Mossel Bay
MUNICIPALITY

GARDEN ROUTE SPCA MOSSELBAY			
DATE	15/09/25	ANIMAL NAME	
KENNEL NUMBER	C3	BREED	DSH
CARD NUMBER	MB17277	STERILIZED	NO
COLOUR	Tabby - ginger ^{face}	MALE/FEMALE	Female
VACCINATED	Yes	AGE	8 weeks
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	0.75 kg		
TEMPERATURE	38.4		
EARS	<u>NAD</u>		
EYES	<u>NAD</u>		
TEETH	<u>NAD</u>		
NOSE	<u>NAD</u>		
LUNGS	<u>NAD</u>		
HEART	<u>NAD</u>		
ABDOMEN	<u>NAD</u>		
HIPS	<u>NAD</u>		
SKIN AND COAT	<u>NAD</u>		
FIT FOR ADOPTION	YES	NO	

ADDITIONAL COMMENTS

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>CB5C3</u>				ADMISSION No. <u>MBY7277</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>21/08/25</u>		Time in	<u>12:30</u>	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>21/08/25</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>21/08/25</u>	Microchip or ID Tag number		

DESCRIPTION & HISTORY	Dog	<u>Ca</u>	Other species (Specify)		
	Breed	<u>DSH</u>	Colour and Markings <u>Tabby with ginger face</u>		
	Condition	<u>Fair</u>	Sex	<u>Female</u>	Age <u>± 6 weeks</u>
	Temperament	<u>Good</u>	Sterilisation details	<u>NO</u>	Name
	Coat <u>Short</u>	Tail <u>long</u>	Teeth Condition <u>Fair</u>	Ears <u>Up</u>	Size <u>Small</u>
	Area found / collected from <u>EXT 8</u>				Date <u>21/08/25</u>
	Reason for surrender <u>unwanted, can't afford.</u>				

ASSESSMENT		Surrendered by ☒ Found by ☐		Name	<u>Audrey Rhneveldt</u>
GOOD WITH:	Yes No	Residential Address <u>296 Hermanus Straat</u>			
Children		<u>Mosselbay 6506</u>			
Cats		Postal Address <u>N/A</u>			
Other Dogs		Tel (H) <u>N/A</u> Tel (W) <u>N/A</u> Cell <u>0714254258</u>			
Livestock/Other		Email <u>N/A</u>			
DO THEY:	Yes No	Donation R <u>N/A</u> Cash Card EFT (Receipt No.) <u>N/A</u>			
Jump Fences					
Run Away					

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: Wally

STATEMENT OF SURRENDER

I do hereby certify that DO / DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray and 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 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 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 <u>Refer to MBY 7374</u>	Witness for Society <u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant <u>[Signature]</u>
Details of first Applicant	Details of third Applicant

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

I WAS VACCINATED ON

I WAS VACCINATED ON

NAME	Shanon Witbooi
POSTAL ADDRESS	
STREET ADDRESS	29 Marlin Street
	EXT 13
HOME PHONE	
WORK PHONE	
CELLPHONE	061 346 7070
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOR	Tabby with ginger
SEX	♀ Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000579678
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE
------	------

[illegible]

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. G2804 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act36/1947), Nobivac® Treat 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 (benzimidazole) 500 mg/tablet, Exitel Plus XL (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febelal® 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 Febelal® 150 mg, Exitel Plus XL (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Furalaner per kg body weight.



Life

TelePlus



ADMISSION NO

MB 7277

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES ☒ NO ☐

DATE UNDERTAKEN: 13/10/25

TIME: _____

NAME OF APPLICANT: Sharon Witbooi

ADDRESS: 29 Marlin Street, EXT 13

HOME TEL No: _____

CELL No: 061 346 7072

ANIMAL(S) ADOPTING: 2 x kittens

SEX: Female

AGE: 9 weeks

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION

Type and height of fence: Vibrecrete	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?	2

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	Maltese	Minpin			
CONDITION	good	good			
WELFARE (good?)	good	good			
SEX & AGE	male / 1 year	female / 5 years	1	1	1
STERILISED	YES ☐ / NO ☒	YES ☐ / NO ☒	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

maltese dog will move to other owner.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



CATS



SMALL DOGS



MEDIUM DOGS



LARGE DOGS

INSPECTED BY: Kier

SPCA: Messelby

SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE