ADOPTION CHECKLIST

ADMISSION NO: MBY 7278

CONTRACT NO: MA 0142

- [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 09/10/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000577606

Adoptee INFO:

Name & Surname Shaaan Witbooi

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.

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	74-008359-002-0
DATUM VAN REKENING:	22/09/2025
LAASTE KWITANSIE DATUM:	21/09/2025
VOORAFBETAALDE METERNOMMER:	04183336033

BTW REG. NO.
Naam:
WITBOOI HK & SSE
Liggingsadres:
29 MARLINSTRAAT D'ALMEIDA X13
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
1020.00	8359000	0	13

DATUM	BESONDERHEDE			BEDRAG
	BALANS OORGEBRING			2571.76
19/09/2025	0418333603ELEKTRISITEIT			496.69 *
	BASIES		431.91	
	VAT/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	
	VAT/BTW		54.99	
19/09/2025	300013 VULLIS			320.62 *
	KWITANSIES			1390.00-
	Balans Oorgedra			0.66-
	BTW OP '*' ITEMS: 161.59	ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	1181.76	1238.90	2420.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/10/2025	2420.00

VAT No. / BTW Nr. 4830118370

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

Payment Details /Betalings Besonderhede

Standard Bank **PREDEFINED BENEFICIARY.**
MOSSEL BAY MUNICIPALITY
REF NO. 740083590020

EasyPay >>>>>9152674008359002O8

pay@ 11379 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.

SOUTH AFRICA
Permit Mail
P4010395

Vou en skeur af.

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

Mossel Bay MUNICIPALITY

WITBOOI HK & SSE
MARLINSTRAAT 29
MOSSELBAAI UIT 13
6506

74-008359-002-0

Fold and tear on perforation.

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

2/18

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): Shanon Witbooi

HOME ADDRESS: 29 Marlin Street Unit 13, Mosselbaai

ID NO.: 7310110114085

POSTAL ADDRESS: AS ABOVE

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

CELL NO: 061 346 7072 FAX NO: /

EMAIL: shanon.witbooi@gmail.com

Address where animal will be kept: AS ABOVE

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

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? Heiderand Dierekliniek

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 3 X Female X

Are all your animals sterilised? Give details 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 fever

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

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

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? NO

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 _____ **Date of application** 02/10/25

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE 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.

1

I.D.No. 731011 0114 08 5

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
WITBOOI

VOORNAME/FORENAMES
SHANON SURITA ELENORE

GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1973-10-11

DATUM UITGEREIK
DATE ISSUED
2007-05-30

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

9 9 2 0 0 3 0 0 0 0 5 7 7 6 0 6

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. * 061 346 7072

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

E-mail * shanon.witbooi@gmail.com

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

Title * MRS Initials * S Surname * WITBOOI

Street 29 Marlin Street City

Suburb Area Code EXT 13

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 * - -

Date of Implant * 19 - 09 - 2025

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

Name of Vet who implanted the Chip KAY LEWEES.

PET DETAILS

Pet Name DAISY Date of birth 2025

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 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

ADMISSION NO MBY 7278

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: Vibracrete		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	mixed			
CONDITION	good	good			
WELFARE (good?)	good	good			
SEX & AGE	male / 8 year	female / 5 years	1	1	1
STERILISED	YES ☐ / NO ☒	YES ☐ / NO ☒	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Maltese dog will have to other ones.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Kelly SPCA: Masselboy SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

LOADED

KENNEL No.	CBSC3			ADMISSION No.	MBY7278	
Stray	~~Surrender~~	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	21/08/25		Time in	12:30	Date for release	

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

DESCRIPTION & HISTORY

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

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	Audrey Rhuneveldt			
Residential Address	296 Hermanus Straat Mosselbay 6506					
Postal Address	N/A					
Tel (H)	N/A	Tel (W)	N/A	Cell	0714254258	
Email	N/A					
Donation R	N/A	Cash	Card	EFT	(Receipt No.)	N/A

PLEASE INSIST ON A RECEIPT

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

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	Refer to MBY 7374	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	Shanon Witbooi
POSTAL ADDRESS	
STREET ADDRESS	29 Marlin Street
	EXT 13
HOME PHONE	
WORK PHONE	
CELLPHONE	061 346 7072.
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	Tabby
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000577606
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
13/10/2025		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
15/09/25	02071465C 02-JAN-2026 + milpro	
13/10/25	02071474C 16-MAY-2026 + milpro	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

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.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on facebook

facebook.com/BravectoSouthAfrica