ADOPTION CHECKLIST

ADMISSION NO: MBY 7183 ♀

CONTRACT NO: MA0135

- [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 05/08/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 15/10/25
- [x] Microchip Registration- chip number 992003000577788

Adoptee INFO:

Name & Surname Mr M.J. Smith

Contact INFO: 082 491 7508

Completed by: _____ Date: 03/10/2025

Manager: _____ Date: 03/10/2025

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.

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): M.J. Smith

HOME ADDRESS: 23/489 Zwarte Farm, Jongensfontein, Western Cape, 6675

ID NO.: 731117 5106 081

POSTAL ADDRESS: Post Net Stilbaai Box 128

TEL NO (H): - (B): -

CELL NO: 082 491 7508 FAX NO: -

EMAIL: mike@buildrchip.co.za

Address where animal will be kept: AS ABOVE

Occupation: Manager

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: Want cats for farmhouse

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? DSH

Can you afford private fees? Yes Who is your vet? Stilbaai Dierekliniek

How many animals live on the property? DOGS? 1 CATS? 1 OTHERS 7 sheep

What are the sexes of your animals? DOGS: Male 1 Female ____ CATS: Male 1 Female ____

Are all your animals sterilised? Give details ~~2 dogs live with family~~ Yes

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

Which animals do you still have, and what happened to the others? 2 dogs live with family

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

Full description of the fencing and gate: Wire fencing around farm Height: ± 1.5 m

What shelter is provided: OUTDOORS ____ KENNEL ____ OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: MBY 7995

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** 22/09/2025

9920030000577788

Section 4-17a

DDV SPCA

ADOPTION No: MA0135

ADMISSION: MBY ~~2274~~ 7183

PRE AND POST HOME INSPECTION FORM

PASSED: ✓

DATE UNDERTAKEN: 24 SEPT 2025 TIME: 13h00.

NAME OF APPLICANT: MR M.J. SMITH

ADDRESS: 23/489 Zwarte Farm
Jongensfontein.

HOME TEL No: ______ CELL No: ______

ANIMAL(S) ADOPTING: ±2yr old ♂ cat

SEX: male AGE: 2yrs.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence:		Height of fence:	
Any sign of Kennel/Shelter?	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	sheepdog				/
SEX	M				
AGE	± 1yr				
STERILIZED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ SMALL DOGS
- ☑ MEDIUM DOGS
- ☑ LARGE DOGS
- ☑ CATS
- ☐ EQUINE
- ☐ OTHER (specify) ______

INSPECTED BY: Elaine Hardy SPCA: SBAP0527002491 SIGNATURE: Hardy

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New revision July 2013

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

99200300577788

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. * 082 491 7508

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

E-mail * mike @ buildnchip.co.za

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

Title * MR Initials * M.J. Surname * SMITH

Street 23/489 Zwarte Farm City

Suburb Jorgensfontein Area Code WESTERN CAPE

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 * 15 - 10 - 2025

Date of Implant * 01 - 10 - 2025

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

Name of Vet who implanted the Chip Kay Lewers

PET DETAILS

Pet Name Date of birth

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

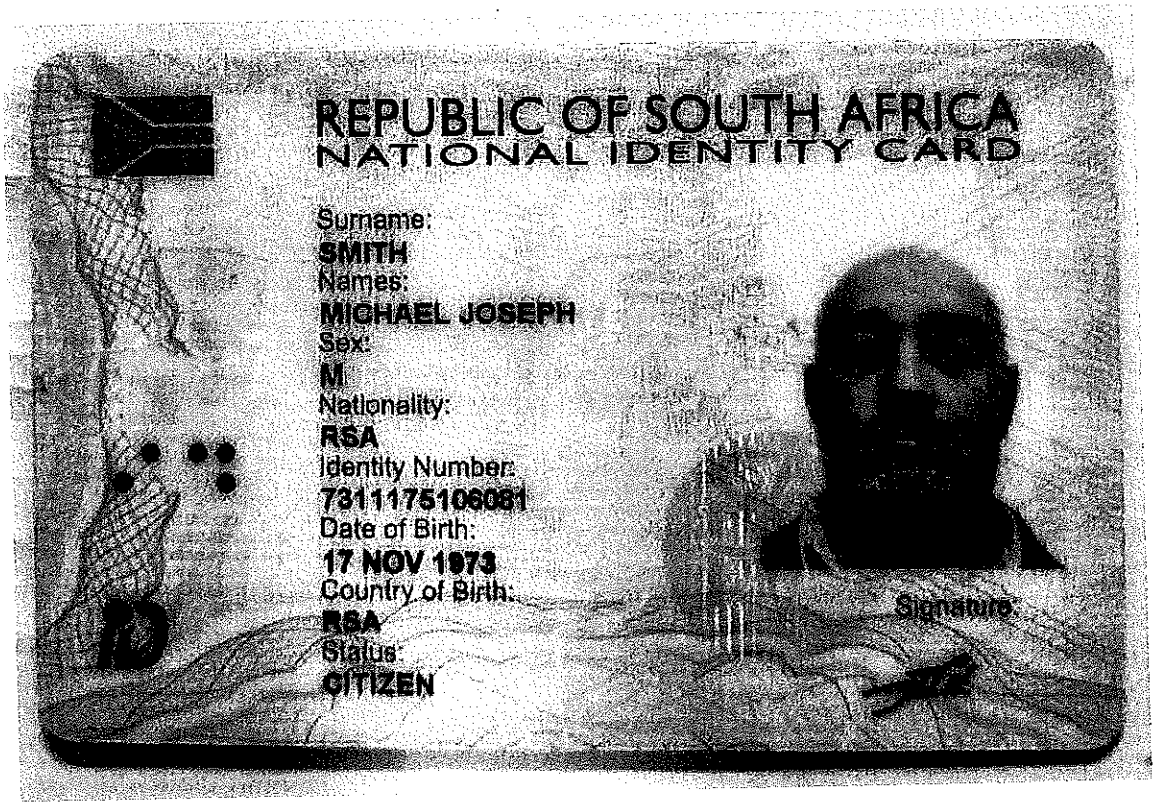
Medical Insurance Phone

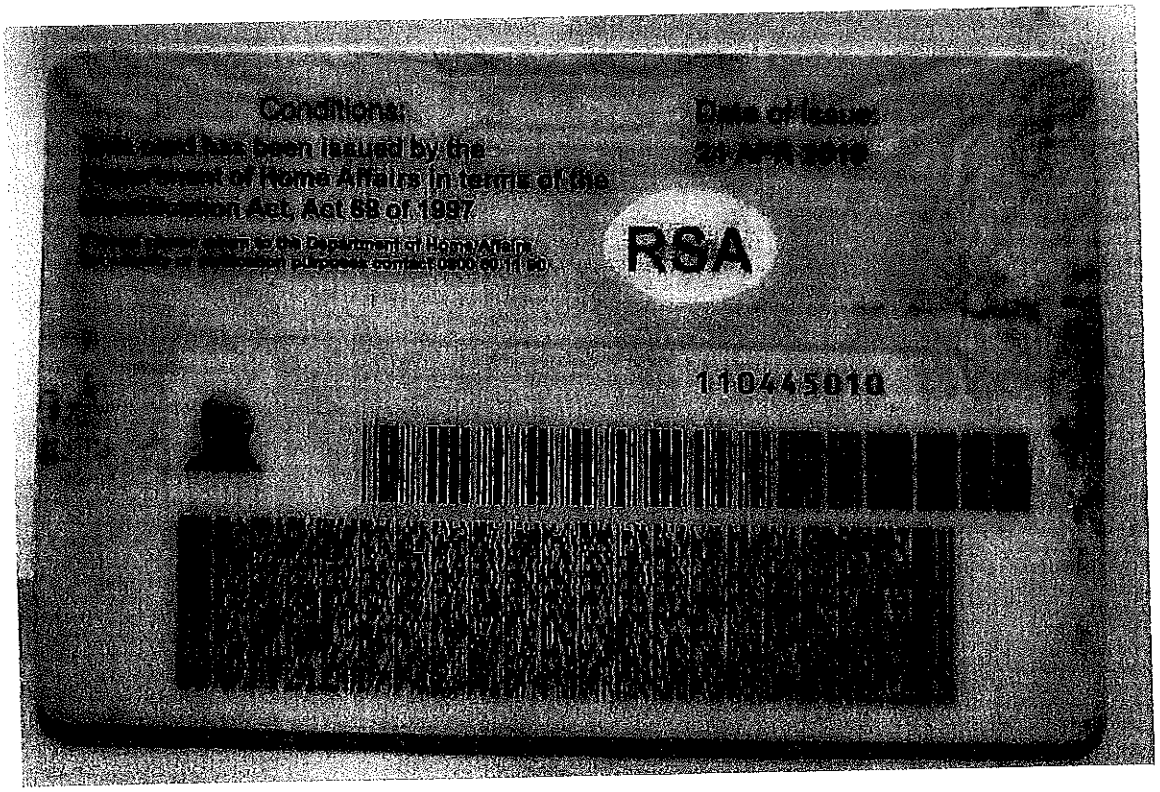
PROTECTION OF PERSONAL INFORMATION LAW

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


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
SMITH
Names:
MICHAEL JOSEPH
Sex:
M
Nationality:
RSA
Identity Number:
7311175106081
Date of Birth:
17 NOV 1973
Country of Birth:
RSA
Status:
CITIZEN
Signature:
ID


Conditions:
Date of Issue:
RSA
11044501B

Eskom

ESKOM HOLDINGS SOC LTD REG NO 2002/015527/30
VAT REG NO 4740101508

WESTERN REGION
PO BOX 377 Bellville 7535

CONTACT CENTRE: (0860) 037566Shareca
FAX NO: 0862 437 566
E-MAIL: NorthernCape@eskom.co.za
WEB: WWW.ESKOM.CO.ZA

Eskom

SMITH PROPERTY CO (PTY) LTD
PO BOX 128
POSTNET
STILLBAAI
6674

YOUR ACCOUNT NO	7848326646
SECURITY HELD	14440.00
BILLING DATE	2025-09-17
TAX INVOICE NO	784108640073
ACCOUNT MONTH	SEPTEMBER 2025
CURRENT DUE DATE	2025-10-13
VAT REG NO	NOT SUPPLIED
NOTIFIED MAX DEMAND	16.00

CUSTOMER SELF SERVICE WEBSITE
https://csonline.co.za

WESTERN REGION
PO BOX 377 Bellville 7535

DIRECT DEPOSIT DETAIL	
BANK:	ABSA
BRANCH CODE:	334110
BANK ACC NO:	340167430

TAX INVOICE

E-MAIL: mike@buildnchip.co.za

READING TYPE: ESTIMATE	READING DATES: 2025/08/11 - 2025/09/09	NO OF DAYS: 29	SEASON:

Your next estimated reading will be on 08/10/2025

CONSUMPTION SUMMARY FOR BILLING PERIOD

METER NUMBER	PREV. READING	CURR. READING	DIFFERENCE	CONSTANT	CONSUMPTION
1114469121618	97123.0000	97835.0000	712.0000	1.0000	712.0000

TOTAL ENERGY CONSUMED FOR BILLING PERIOD (kWh)	712.00

PREMISE ID NUMBER 1531113274 TARIFF NAME: Landrate 4

POR OF KLEIN JONGENSFONTEIN,STILL BAY

Network Capacity Charge @ R45.92 per day for 29 days	R	1,331.68
Network Demand Charge 712 kWh @ R0.6166 /kWh	R	439.02
Ancillary service charge 712 kWh @ R0.0041 /kWh	R	2.92
Generation Capacity Charge @ R1.78 per day for 29 days	R	51.62
Energy Charge 712 kWh @ R3.6932 /kWh	R	2,629.56
TOTAL CHARGES FOR BILLING PERIOD	R	4,454.80

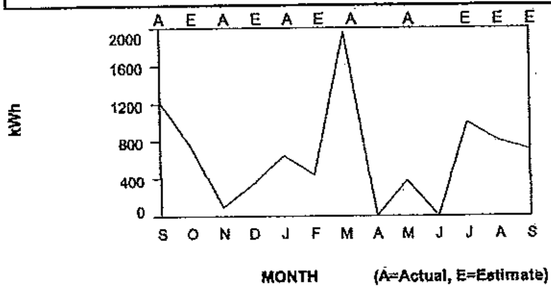
ACCOUNT SUMMARY FOR SEPTEMBER 2025

BALANCE BROUGHT FORWARD (Due Date 2025-09-08)		R	5,833.58
PAYMENT(S) RECEIVED	ACB Payment - 2025-08-15	R	-5,833.58
TOTAL CHARGES FOR BILLING PERIOD		R	4,454.80
VAT RAISED ON ITEMS AT 15%		R	668.22

CURRENT	TOTAL AMOUNT DUE	
5,123.02		R 5,123.02

ARREARS

>90 DAYS	61-90 DAYS	31-60 DAYS
0.00	0.00	0.00



ACCOUNT NO / REFERENCE NO
7848326646

NAME
SMITH PROPERTY CO (PTY) LTD

FAX NUMBER

unipay 7100 10 0010

27215700178483266466

>>>>>>> 9207 2784 8326 6469

easypay

TOTAL AMOUNT DUE
5,123.02

PAYMENT ARRANGEMENT
INSTALMENT
0.00
ARREARS
0.00
DUE DATE
2025-10-13
AMOUNT PAID

PAGE RUN NO	EE 554
BILL GROUP	
BILL PAGE	1 OF 1

LATE PAYMENT CHARGES WILL BE ADDED TO OVERDUE ACCOUNTS

0021621000001I

GARDEN ROUTE SPCA MOSSELBAY			
DATE	08/08/25	ANIMAL NAME	
KENNEL NUMBER	CB4.	BREED	DSH
CARD NUMBER	MBV-7183	STERILIZED	YES
COLOUR	CALICO	MALE/FEMALE	Female
VACCINATED	Yes	AGE	Adult
PROOF OF VACC	Card	STRAY/SURRENDER	Stray

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	3.60 kg		
TEMPERATURE	37.9		
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

MY OWNER

NAME	M. J. Smith
POSTAL ADDRESS	
STREET ADDRESS	23/489 Zwarte Farm
	Jongensfontein, Western Cape
HOME PHONE	
WORK PHONE	
CELLPHONE	082 491 7508
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	Calico
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000577788
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
08/08/25	Nobivac Tricat Trio 02071465C 02-JAN-2026 + milpro	[signature]
01/10/25	Nobivac Tricat Trio 02071474C 16-MAY-? + milpro; Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F72195 Ut. av./Exp.: 13/07-2026	[signature]

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 (isoqinoline) 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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	CB4 CB C1			ADMISSION No.	MBY7183	
~~Stray~~	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	4/8/25	NA	Time in	14:00	Date for release	11/8/25

IDENTIFICATION & LOST AND FOUND	Lost & Found checked		Yes / No	Lost & Found Date checked	
			✗		none
Microchip/Collar or ID tag found		Yes / No	Date scanned or checked	none	Microchip or ID Tag number	none

DESCRIPTION & HISTORY

Dog	Cat X 1	Other species (Specify)	32 km	
Breed	DSH	Colour and Markings	Calico	
Condition	Pregnant	Sex	female	Age 1 2 years
Temperament	friendly	Sterilisation details	none	Name
Coat Short	Tail long	Teeth Condition Four	Ears up	Size Med
Area found / collected from	Groot Brak			Date 4/8/25
Reason for surrender	stray pregnant cat			

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	* RICARDO DIPPENAAR		
Residential Address	* Mossel Bay 6506				
Postal Address	none				
Tel (H) none	Tel (W) none		Cell * 0766773942		
Email	none				
Donation R none	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none 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 uitdrukilk 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 * [signature]	Witness for Society [signature]
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Robyn
   - Contact Number: 071 710 0221
   - Email Address: ____________

2. **Additional Family Member/Friend Details**
   - Full Name: Michael Smith
   - Contact Number: 082 491 7508.
   - Email Address: mike@ [illegible] .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: [signature]
Date: 03/10/2025