ADOPTION CHECKLIST

ADMISSION NO: MBY 7061

CONTRACT NO: MA0157

- [x] Admission Form
- [x] Application for adoption
- [ ] 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 Care in already done
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [ ] Microchip Registration- chip number_____

Adoptee INFO:

Name & Surname Liezel Nel

Contact INFO: 0837835898

Plouper

992003000577764

Completed by: [signature] Date: 06/11/25

Manager: _____ Date: _____

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.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000577764

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. * 0838835898

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

E-mail * ultimate.liezel@gmail.com

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

Title * MRS Initials * L Surname * NEL

Street NO 5 ROBBIE SCHOLTZ City

Suburb BLAND STREET Area Code MOSSELBAY

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 * 12 - 11 - 2025

Date of Implant * 05 - 11 - 2025

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

Name of Vet who implanted the Chip KAY IEWERS

PET DETAILS

Pet Name Rave

Date of birth

Species * FELINE Breed * DSH

Colour BLACK 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, he/she by 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

EK / I: Liezl Nel

ID NO.: 7103240031083 OUDERDOM: AGE: 54

WOONAGTIG TE: RESIDING AT: 8 Beachroad, Robbie Scholtzcast unit 15, Mossel Bay

TEL (H): 083 783 5898 TEL (W): 0446065000

WERKSAAM TE: EMPLOYED AT: Mossel Bay Municipality, Fire and rescue dept.

~~Verklaar onder eed/bevestig in Afrikaans~~ - States under oath/declare in English:-

that I am residing at 8 Beachroad, Robbie Scholtzcast unit 15, Mossel Bay.

Ek is vertroud met die inhoud van die verklaringe en begryp dit
Ek het/het geen beswaar teen die aflê van die eed nie
Ek beskou/beskou nie die eed as bindend vir my gewete.

I know and understand the contents of this statement
I have/have no ojection to taking the prescribed oath
I consider/do not consider the oath binding on my conciènce

Handtekening / Signature

Ek sertifiseer dat die verklaarder vertroud is met die inhoud van die verklaring en dit begryp.Hy/sy sweer/bevestig dat dit die waarheid is.Hy/sy het die verklaring in my teenwoordigheid geteken te Mosselbaai op 2025/11/06 om 08:00

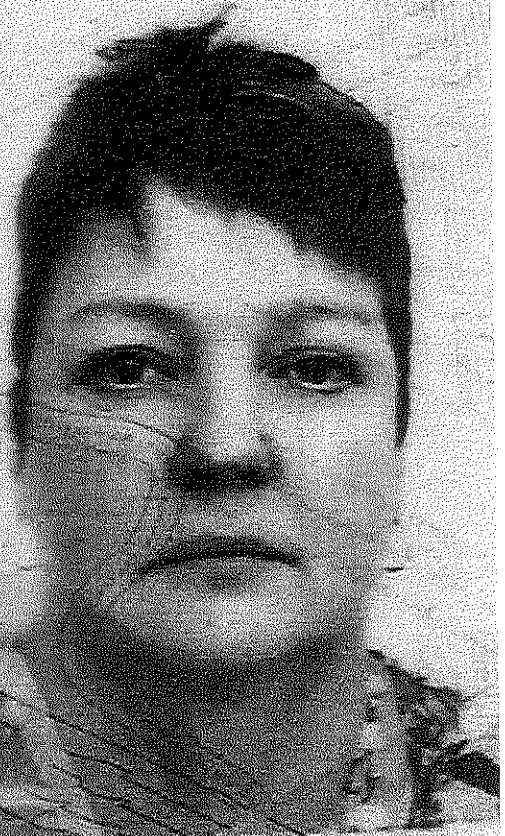
I certify that the deponent acknowledged that he/she knows and understands the contents of this statement.He/she declared/swore that it is the truth.He/she signed the statement in my presence at Mossel Bay on _____ at _____ :

SUID-AFRIKAANSE POLISIEDIENS
STASIEBEVELVOERDER
COMMUNITY SERVICE CENTRE
06 -11- 2025
MOSSELBAAI / BAY
STATION COMMANDER
SOUTH AFRICAN POLICE SERVICE

J.KRIEK 0438031421

Kommissaris Van Ede / Commisioner Of Oaths

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD



Surname:
NEL

Names:
LIEZEL

Sex:
F

Nationality:
RSA

Identity Number:
7103240031083

Date of Birth:
24 MAR 1971

Country of Birth:
RSA

Status:
CITIZEN

Signature:

MARSHA JOUBERT sells Homes

MARSHA
Sel: 082 4
Faks: 086 726 2559
marshaprop@mweb.co.za
Bosbokweg 5
Reebok

1

LEASE AGREEMENT

Dated: 07/04/2025

Of premises situated at: 15 ROBBIE SCHOLTZ, 8 BEACH ROAD, MOSSEL BAY

Being a FULL title

Between

LANDLORD: MAREPUT GROUP PTY LTD, REG 2018/313122/07

HEREIN REPRESENTED BY MARSHA JOUBERT t/a MARSHA JOUBERT SELLS HOMES BY VIRTUE OF A POWER OF ATTORNEY

And

TENANT 1: PETRUS NICOLAAS NEL, ID 681014 5095 085

TENANT 2: LIEZEL NEL, ID 710324 0031 083

COST SUMMARY

TERM (12) MONTHS	**Commencement** 14/04/2025	**Termination** 30/04/2026
RENEWAL DATE/Termination notice	01/03/2026	Option to renew
MONTHLY RENT	R8 500	Pro rate R4817
GARDEN SERVICE		
DAMAGES DEPOSIT A standard cleaning fee of R750 (flats), R1 500 (house) will be deducted at the end of the lease should the unit not be left in a satisfactory clean condition. A management fee of R200 per issue will be added to the cost of the repair/replacement/cleaning/painting, etc. on exit at end of lease.	R8 500	
LEASE ADMIN FEE	R1 000	
SERVICES DEPOSIT	R750	
SERVICES MANAGEMENT FEE		
TOTAL due on acceptance	R15 067	
ELECTRICITY: As per clause 5		
WATER AND REFUSE: As per clause 5		

Ek sertifiseer dat hierdie dokument 'n ware afdruk/afskrif is van die
I certify that this document is a true reproduction/copy of the original
oorspronklike wat deur my persoonlik besigtig is en dat volgens my
which was examined by me and that from my observations the
waarnemings, die oorspronklike nie op enige wyse gewysig is nie.
original has not been altered in any manner.

J KRIEK
Datum/Date Handtekening/Signature Rang/Rank

SUID-AFRIKAANSE POLISIEDIENS
STASIEBEVELVOERDER
COMMUNITY SERVICE CENTRE
06 -11- 2025
MOSSELBAAI / BAY
STATION COMMANDER
SOUTH AFRIKAN POLICE SERVICE

Other costs which could be imposed on the tenant during and at the termination of lease period:

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: N/A
   - Contact Number: _____
   - Email Address: _____

2. **Additional Family Member/Friend Details**
   - Full Name: Ni-liege Van Zyl
   - Contact Number: 0833798267
   - Email Address: ultimate.liezel@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: 2025/11/06

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	1509 C5 C84 (Loaned)			ADMISSION No.	MBY7061	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	18/04/25		Time in	16H50	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		Microchip or ID Tag number		

DESCRIPTION & HISTORY					
Dog	Cat ✓	Other species (Specify)			
Breed	DHC		Colour and Markings	Black.	
Condition			Sex	Male	Age Adult.
Temperament	Skittish.		Sterilisation details	Yes	Name
Coat	Tail	Teeth Condition	Ears		Size
Area found / collected from					Date
Reason for surrender					

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	Thembe.
Residential Address	6 B Seaymour St. Albatinie		
Postal Address			
Tel (H)	Tel (W)	Cell	0715602950
Email			
Donation R	Cash	Card	EFT (Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: n/a Case No: n/a Inspector: _____

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 first Applicant		Details of third Applicant

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
29/07/25	milpro		
29/08/25	milpro		

Qtantel Pyr | Extel Plus | Extel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER

Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

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.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

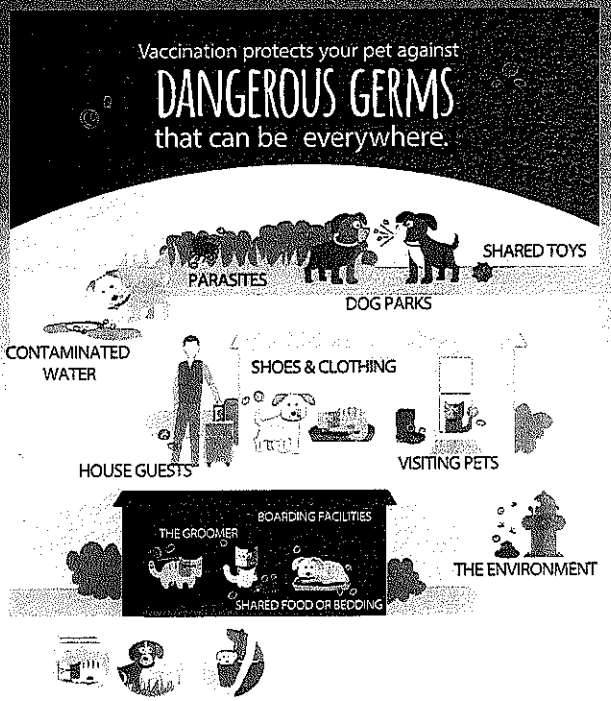
DOCTOR'S NAME

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL 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