ADOPTION CHECKLIST

ADMISSION NO: MBV 8364

CONTRACT NO: MA0154

- [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 30/10/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 05/11/25
- [x] Microchip Registration- chip number 992003000577769

Adoptee INFO:

Name & Surname Aniee Kannemeyer

Contact INFO: 0 60857 7566

Completed by: _____ Date: 03/11/2025

Manager: _____ Date: 03/11/25

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.

CS checked

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): Anree Kannemeyer

HOME ADDRESS: 4 Perron Street, Groot Brakriver

ID NO.: 0001115286088

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 060 857 7566 FAX NO:

EMAIL: anreekannemeyer@gmail.com

Address where animal will be kept: 4 Perron Street, Grootbrak river

Occupation: Municipal worker

Do you own or rent your property: No Do you have consent from owner / Body Corporate? Yes

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

Reason for wanting animal: Haren wanted a cat for a long time, love animals

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? Tuxedo cat but interested in most cats

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

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

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

Are all your animals sterilised? Give details Na

How many dogs and cats have you owned in the last 3 years? DOGS? None CATS? None OTHER? Non

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

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

Full description of the fencing and gate: Electrical wooden gate Height: 1,7 M

What shelter is provided: OUTDOORS KENNEL Will have bed in house OTHER

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

Pre Home Inspection Fee: R 100 Receipt No: 8094

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** 24/10/25

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Anton Kannemeyer (Dad)
   - Contact Number: 082 332 4620
   - Email Address: antonkannemeyer111@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Lirene Kannemeyer
   - Contact Number: 067 399 6507
   - Email Address: lirenekannemeyer111@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: 03/11/2025

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000577769

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. * 060 857 7566

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

E-mail * anreekannemeyer@gmail.com

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

Title * MR Initials * A Surname * Kannemeyer

Street 4 Perron Street City

Suburb Area Code Grootbrak

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 * 03 - 11 - 2025

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name JINX Date of birth

Species * FELINE Breed * DSH

Colour Black + White 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

9920030005777769 ADMISSION NO MBY8364

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 1/10/25 TIME: 14h25

NAME OF APPLICANT: Anree Kannemeyer

ADDRESS: 4 Perron Street, Grootbrak

HOME TEL No: CELL No: 060 857 7566

ANIMAL(S) ADOPTING: Tuxedo kitten

SEX: Female AGE: 5 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Glass - Well		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?	Gate.
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	1 M.	1	1	1	1
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS No welfare Concern. very Spacious

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Thembeka SPCA: M. Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE	25/09/2025	ANIMAL NAME	Meisie
KENNEL NUMBER	CB3	BREED	DSH
CARD NUMBER	MBY 8364	STERILIZED	NO
COLOUR	~~Ginger~~ Black + white	MALE/FEMALE	Female
VACCINATED	Yes	AGE	3 months
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	1.65 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: Anree Kannemeyer

POSTAL ADDRESS:

STREET ADDRESS: 4 Perron Street

Grootbrak

HOME PHONE:

WORK PHONE:

CELLPHONE: 060857 7566

BREEDER DETAILS:

ME

SPECIES: FELINE

BREED: DSH

COLOUR: BLACK + WHITE

SEX: Female

DATE OF BIRTH:

MICROCHIP/TATT: 992003000577769

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
25/09/25	Nobivac 1 DOSE 02071465C 02-JAN-2026 + milpro	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

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.

MSD Animal Health

Find us on facebook.

Quantel Exitel Plus Exitel Plus XL BRAVECTO

...AND HISTORY RECORD

loaded

DBV SPCA
Garden Route

KENNEL No. GBBCS				ADMISSION No. MBY8364		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 22.9.25	none	Time in	14:10	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	none	Microchip or ID Tag number	none	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify) Skunk		
Breed	DSH	Colour and Markings Black + white		
Condition	good	Sex ♀	Age 3 mths	
Temperament	friendly	Sterilisation details none	Name Merisie	
Coat short	Tail long	Teeth Condition good	Ears up	Size small
Area found / collected from Cleu Park				Date
Reason for surrender Can't Keep				

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	Amelien Venter			
Residential Address	6 Secige Sheet Cleu Park				
Postal Address					
Tel (H) none	Tel (W) none	Cell none			
Email					
Donation R none	Cash	Card	EFT	(Receipt No.) none	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: nor. Case No: none Inspector: [illegible]

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.**

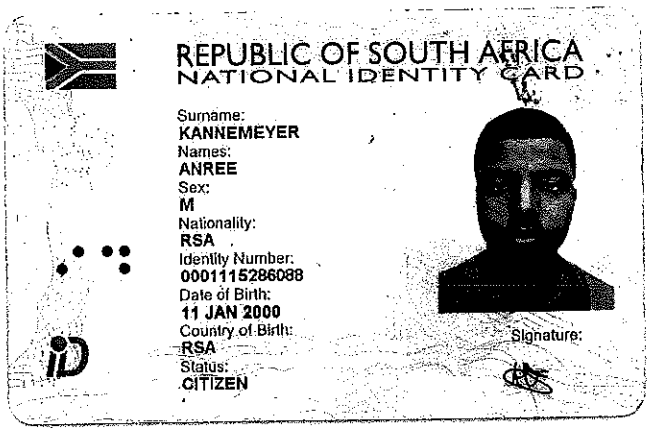
Hiermee verklaar ek dat ek dier/e hierbo beskryf **BESIT / NIE BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer 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 MBY8359 | Witness for Society [signature]

FOR OFFICE USE: PENDING ADOPTION

Details of first Applicant	Details of second Applicant
	Details of third Applicant

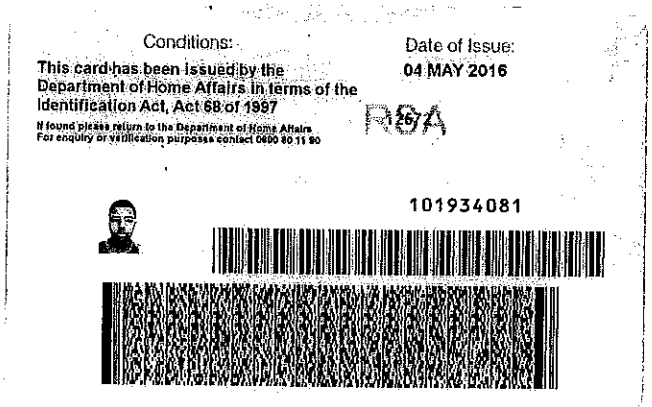
Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
KANNEMEYER
Names:
ANREE
Sex:
M
Nationality:
RSA
Identity Number:
0001115286088
Date of Birth:
11 JAN 2000
Country of Birth:
RSA
Status:
CITIZEN

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 80 11 90

Date of Issue:
04 MAY 2016

RSA

101934081