

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:

MBY 6248

CONTRACT NO:

MA 0153

Adoptee INFO:

Name & Surname hynette Uys

Contact INFO: 0824462689

Completed by: [Signature]

Date: 10/11/2025

Manager: [Signature]

Date: 10/11/2025

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.



ADMISSION No.
TOELATINGSNR.

MA0153

ADOPTION CONTRACT



Garden Route

DOG / CAT	Breed	Male / Female
Micrc	992003000577761	

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

- I do hereby confirm and undertake that:
- I am over eighteen (18) years of age.
- All family members agree to the adoption and will abide by the conditions in the contract.
- I will not part with possession of the animal except to return it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
- I will give the animal a fair chance to adjust to its new home.
- I understand that donations are not refundable or transferable.
- I will feed and house the animal to the Society's satisfaction.
- I will not chain or cage the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
- I can afford the services of a private veterinary practitioner.
- I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
- I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
- I will ensure that the animal is sterilised as stipulated by the Society.
- I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only **elasticated or quick release collars** may be used for cats.
- My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
- I will notify the Society within forty-eight (48) hours should the animal die or go missing.
- I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
- I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
- I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
- I will notify the Society of any change of address in writing by registered post with seven (7) days.

* I agree to never harm, neglect, abuse or abandon the animal that I adopt.
* I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters): Lynette Uys
HOME ADDRESS
WOONADRES: 29 Protea Ave, Dana Bay
TEL No (H):
TELEFOON Nr (H):
CELL No:
SELFOON Nr: 0824462689

E-MAIL: lynette@momentum.co.za
E-POS:
ADOPTION FEE: R850
AANEMINGSVOOL: R850

VEHICLE REG No. CB5 72723
VOERTUIG REG Nr.

SIGNATURE
HANDTEKENING: [Signature]
DATE / DATUM: 10/11/2025



Garden Route

HOND / KAT	Ras	Manlik/Vroulik
Mikroskyfie en of ID nSkyfie Nommer:		

Hierdie diër is aan u oorhandig met die vertroue dat u die diër 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n diër gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie diër in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieleden stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- Indien ek om enige rede nie langer die diër kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die diër te hou nie sal ek nie besit van die diër afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkoste aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die diër by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en klient skaal, in die terugbesorging van die diër.
- Ek sal die diër 'n redelike kans gee om aan sy nuwe tuiste gewoon te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die diër te versorg en te huisves na die Vereniging se tevredenheid.
- Ek sal nie die diër vasketting of gehok hou nie, en aanvaar dat indien die diër wel in my besit vasgeketterd of gehok gevind word, di Vereniging dit dadelik sal verwyder.
- Ek kan die dienste van 'n private veeartsnykundige bekostig.
- Ek onderneem om die diër se nodige inentings op datum te hou en die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
- Ek verstaan dat, indien die diër siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die diër na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
- Ek onderneem om toe te sien dat die diër gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my diër te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - **slegs rekbandjies** in my katte gebruik word.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die diër sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my kan besoek van tyd tot tyd, om te verseker dat die diër wel versorg word soos in die Uitplasingbeleid uiteengesit. Ek sal toelaat dat Vereniging die diër in besit neem indien die voorwaardes en reël van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die diër gebruik of toelaat dat die diër as 'n waghond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per geregistreerde pos kennis stel van enige verandering van adres

* Ek onderneem om nooit die diër wat ek aanneem te mishandel, verwaarloos of te verlaat nie.
* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is vir weedheid of verwaarloosing van enige diër nie.

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en ek bevestig en erken dat die kontrak wettig en bindend is.

ID/PASSPORT No.: 691128 0267 081
ID/PASPOORT Nr.:
(B):
(W):
FAX No:
FAKS Nr:

DONATION: 84
DONASIE: 84
KWITANSIE Nr: 84
RECEIPT No. 84

VEHICLE MAKE: Honda Jazz
VOERTUIG MAAK: Honda Jazz
COLOUR: Red
KLEUR: Red

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING: [Signature]

Main Account Statement



MS LYNETTE UYS

29 Protea Ave
Danabay
Mosselbay
6506

Capitec Bank
10/11/2025 16:01
Branch: 470010
Device: 9003

Capitec Bank Limited

5 Neutron Road

Techno Park

Stellenbosch

7600

Account

2268308142

Tax Invoice

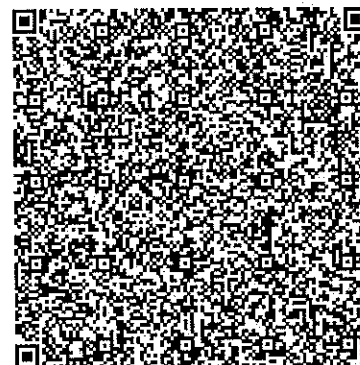
VAT Registration Number 4680173723

Statement Information

From Date:	01/10/2025	Opening Balance:	R256.07
To Date:	10/11/2025	Closing Balance:	R1 088.53
Print Date:	10/11/2025 16:01	Available Balance:	R1 058.53

Interest, Rewards and Fees

Interest Received		R2.66
Total Fees		-R13.90



Validate this document using SkyQR

Money In Summary

R17 360.43

Other Income		R12 500.00
Transfer		R3 800.00
Pension		R1 057.77
Interest		R2.66

Money Out Summary

-R16 527.97

Transfer		-R8 000.00
Card Payments		-R4 427.07
Digital Payments		-R4 087.00
Fees		-R13.90

Live Better Benefits



● Live Better Savings R0.01

Fee Summary

-R13.90

Monthly Account Admin Fee	-R7.50
Immediate Payment Fee	-R5.00
SMS Payment Notification Fee	-R1.40

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREISTREERDE 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. 691128 0267 08 1



S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

UYS

VOORNAME/FORENAMES

LYNETTE

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1969-11-28

DATUM UITGEREIK
DATE ISSUED

2002-03-06



UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

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

2. Additional Family Member/Friend Details

- Full Name: Donne Uys
- Contact Number: 076 845 5825
- Email Address: donuys271@gmail.com

3. Previous SPCA Adoption

- Have you previously adopted SPCA? (Yes/No) (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: 10 November 2025

MICROCHIPPED ANIMAL REGISTRATION FORM



VET OR WELFARE ORGANISATION

Vet Practice Number *
Vet Practice Name *
Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0824462689
E-mail * Lynette.uys@momentum.co.za
Title * MS Initials * L
Street 29 Protea Ave
Suburb
Country
Phone - Day time

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 * Uys
City
Area Code Danabai
Province
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 * 06-11-2025
Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No
Name of Vet who implanted the Chip Kay Lewis

PET DETAILS

Pet Name
Species * FELINE
Colour Light Brown + white
Gender Male ☒ Female
Date of birth
Breed * SIAMESE
Markings
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 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

- On-line Log onto www.backhome.co.za. Complete the registration process.
- By fax Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
- By e-mail Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
- By App Download the Virbac Backhome Africa App



992003000577761

ADMISSION NO

MB/6248

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 6/10/25

TIME: 14H00

NAME OF APPLICANT: Lynette Uys

ADDRESS: 29 Protea Ave, Danabaa

HOME TEL No: CELL No: 0824462689

ANIMAL(S) ADOPTING: Siamese

SEX: Female AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION

Type and height of fence: 1.8M wall	Suitability of fence (i.e. small pets can't escape): Yes		
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?	3

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	Yorkie	2 Boerel	DHC		
CONDITION	Good	Good	Good		
WELFARE (good?)	Good	Good	Good		
SEX & AGE	F 1MS	M 11MS	M 18Y	1	1
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

No welfare

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☒ SMALL DOGS☒ MEDIUM DOGS☐ LARGE DOGS

INSPECTED BY: Thembu

SPCA: M. Bay

SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <i>CB 44 CS</i>				ADMISSION No. <i>MBY 6248</i>		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in <i>30/9/25</i>		Time in <i>7:30</i>		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	<i>Siamese</i>		Colour and Markings	<i>Blue, grey, cream</i>
	Condition	<i>Pregnant?</i>		Sex	<i>Female</i>
	Temperament	<i>Good</i>		Sterilisation details	<i>No</i>
	Coat <i>S</i>	Tail <i>L</i>	Teeth Condition	Ears <i>Up</i>	Size <i>Adult</i>
	Area found / collected from <i>Stops - Kwa</i>				Date <i>30/9/25</i>
	Reason for surrender <i>Found @ Police station</i>				

ASSESSMENT		Surrendered by		Name <i>Sarah V. ...</i>	
GOOD WITH:	Yes No	Found by			
Children		Residential Address		<i>Kwa-Zulu Natal, SA</i>	
Cats				<i>Mogalakhe St, KwaZulu Natal</i>	
Other Dogs		Postal Address			
Livestock/Other		Tel (H)		Tel (W)	Cell <i>0832049761</i>
DO THEY:	Yes No	Email			
Jump Fences		Donation R		Cash	Card
Run Away				EFT	(Receipt No.)
COMMENTS:					

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ 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 uitdrukk 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 <i>[Signature]</i>	Witness for Society <i>[Signature]</i>
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
Details of third Applicant	

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

MY OWNER

NAME Lyndee Uys

POSTAL ADDRESS

STREET ADDRESS 29 Protea Ave

Danabai

HOME PHONE

WORK PHONE

CELLPHONE 0824462689

BREEDER DETAILS

ME

SPECIES

Feline

BREED

Siamese

COLOUR

Biscuit, Grey, cream

SEX

Female

DATE OF BIRTH



992003000577761

FEATURES/MARKS

NEXT VACCINATION DUE

DATE

DATE

DATE

I WAS VACCINATED ON

DATE

13/10/25

VACCINE AND BATCH NO.

RABISIN R
924507
Lot/Batch: F72185 13/07-2026

U. av/Exp: health



VET SIGNATURE

[Signature]

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

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® DHPP1 (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3890 Act 36/1947), Nobivac® Rabies (Reg. No. G2207 Act 36/1947), Quantas® Tablets (Reg. No. G2717 Act 36/1947) Contains Praziquantel (isoginoline) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet, Exitel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 50 mg (equivalent to 50.4 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 50.4 mg pyrantel embonate) and Febantel 525 mg, Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.



Exitel Plus

Exitel Plus XL

Bravecto

Nobivac