ADOPTION CHECKLIST

ADMISSION NO: MBY 8687

CONTRACT NO: MA 0176

- [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 January 2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 10/12/25
- [x] Microchip Registration- chip number 992003000578653

Adoptee INFO:

Name & Surname Michelle Conradie

Contact INFO: 082 923 6641

Completed by: _____ Date: 05/12/25

Manager: _____ Date: 05/12/25

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Suné Conradie
   - Contact Number: 060 978 1667
   - Email Address: Sune.conradie800@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Liesl Conradie
   - Contact Number: 076 454 3406
   - Email Address: liesl.conradie@outlook.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: Conradie

Date: 05/12/2025

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): Mrs Michelle Conradie

HOME ADDRESS: 12A Albertinia Road, Fraaiuitsig, Klein Brak

ID NO.: 7607170032085

POSTAL ADDRESS: As above

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

CELL NO: 082 923 6641 FAX NO: -

EMAIL: goudstafie@gmail.com

Address where animal will be kept: 12A Albertinia Road, Fraaiuitsig, Klein Brak

Occupation: Housewife

Do you own or rent your property: Own Do you have consent from owner / Body Corporate? N/A

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

Reason for wanting animal: Love and company ♡

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? 2x shorthair cats

Can you afford private fees? Yes Who is your vet? Mosselbaai Diere Kliniek

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

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

Are all your animals sterilised? Give details 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? 1x Dog other died of old a

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

Full description of the fencing and gate: Vosbeton walls + gate Height: 1.8m

What shelter is provided: OUTDOORS KENNEL OTHER Indoors

Have you previously had pets from an SPCA? Yes Are there children under 10 in your household? N

Pre Home Inspection Fee: R100 Receipt No: 8507

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 MConradie **Date of application** 28/11/25

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	28-000519-006-5
DATUM VAN REKENING:	21/11/2025
LAASTE KWITANSIE DATUM:	20/11/2025
VOORAFBETAALDE METERNOMMER:	07148940831

BTW REG. NO.
Naam:
CONRADIE M
Liggingsadres:
12A ALBERTINIAWEG FRAAIUITSIG
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO: 2170.00	ERF NOMMER: 519000/002	TOTALE WAARDASIE: 1750000	WYK No: 4

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				2617.87
					496.69 *
20/11/2025 07148940	83ELEKTRISITEIT			431.91	
	BASIES			64.78	
	VAT/BTW				478.92 *
20/11/2025 AMR1206195	WATER 15/09/2025-15/10/2025				
	769 - 790 (21 Kl 30 Dae)			261.39	
	BASIES				
	07/25	5.92 @	0.000 =	0.00	
		13.81 @	10.030 =	138.51	
		1.27 @	13.038 =	16.56	
				62.46	
	VAT/BTW				320.62 *
	VULLIS				628.46
20/11/2025 300004	BELASTING PAAIEMENT				2617.00-
20/11/2025	KWITANSIES				0.56-
	Balans Oorgedra				
	BTW OP '*' ITEMS:	169.06	ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	AMOUNT DUE
0.00	0.00	0.00	1925.56	1925.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/12/2025	1925.00

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. 280005190065

>>>>>9152628000519006 56

11379 280005190065

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.

Permit Mail
P4010395

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

Mossel Bay
MUNICIPALITY

CONRADIE M
12A ALBERTINIAWEG
LITTLE BRAK RIVER
6503

28-000519-006-5

Fold and tear on perforation.

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.

I.D.No. 760717 0032 08 5

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

CONRADIE

VOORNAME/FORENAMES

MICHELLE

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SUIDWES-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1976-07-17

DATUM UITGEREIK
DATE ISSUED

1999-08-24

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

9920030000578653 ADMISSION NO 8685 8687.

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 01/12/25 TIME: 15:00

NAME OF APPLICANT: Michelle Conradie

ADDRESS: 12 A Albertinia Road, Fraaiuitsig, Kleinbrak

HOME TEL No: _____ CELL No: 082 923 6641

ANIMAL(S) ADOPTING: 2 x Osh

SEX: Males AGE: 8 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 2m		Suitability of fence (i.e. small pets can't escape): Woe	
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?	None
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	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great and Safe. None

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Lumano Bay SPCA: Mossel Bay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA
Garden Route

KENNEL No.	C1			ADMISSION No.	MBY8687	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	06/11/25		Time in		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 x 3.	Other species (Specify)	B/I ginger & Ginger		
Breed	DSH	Colour and Markings	~~all colours, tricolour~~	
Condition	Fair	Sex ♂	Age ± 8 WEEKS.	
Temperament	Friendly	Sterilisation details No	Name	
Coat	Tail L-	Teeth Condition Fair	Ears Prick	Size S.
Area found / collected from	Mountain View.		Date 06/11/25.	
Reason for surrender	Stray.			

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	GERALDINE MINNIES			
Residential Address	14 F LEOPARD CRESCENT DRIVE MOUNTAIN VIEW				
Postal Address	No postal				
Tel (H) No num	Tel (W) No num	Cell 0629924306			
Email	No email				
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: N/A

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	

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

MY OWNER

NAME: Michelle Conradie

POSTAL ADDRESS:

STREET ADDRESS: 12 A Albertinia Road

Fraaiuitsig, Kleinbrak

HOME PHONE:

WORK PHONE:

CELLPHONE: 082 923 6641

BREEDER DETAILS:

ME

SPECIES: Feline

BREED: DSH

COLOUR: Ginger

SEX: Male

DATE OF BIRTH:

MICROCHIP/TA: 992003000578653

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
13/11/25	Nobivac DHPPi + Milpro D207147C 16-MAY-2026	
	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.

Find us on facebook.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/BravectoSouthAfr
facebook.com/MsdPetsSa

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0176 DATE: 05/12/25

between Mosselbay SPCA

and

Name Michelle Conradie

Address 12 A Albertinia Road Fraaiuitsig, Kleinbrak

Telephone Numbers (H) (B) 0829236641

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name Sex Male Age 8 weeks

Description Dsh Ginger

On (due date) January 2026 Adoption Form No. MA 0176

on the understanding that you will arrange to have this done at the Mosselbay Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society reserves the right to confiscate the animal and **NO MONEY WILL BE REFUNDED.** The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: Conradie For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Signed:

Date:

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000578653

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. * 082 923 6641

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

E-mail * goudstafie@gmail.com

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

Title * MRS Initials * M Surname * CONRADIE

Street 12 A ALBERTINIA ROAD City

Suburb KLEINBRAK Area Code FRAAIUITSIG

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 * 04 - 12 - 2025

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

Name of Vet who implanted the Chip KAY IEUERS

PET DETAILS

Pet Name Date of birth 2025

Species * FELINE Breed * DSH

Colour GINGER 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 Conradie

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