ADOPTION CHECKLIST

ADMISSION NO: MBY 7472

CONTRACT NO: MA 0172

- [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 04/12/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 10/12/25 992003000578651 Done

Adoptee INFO:

Name & Surname Marie de Beer

Contact INFO: 0829685186

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: KAREN BURKE
   - Contact Number: 082 968 5186.
   - Email Address: karenburke@outlook.com

2. **Additional Family Member/Friend Details**
   - Full Name: MARIÉ DE BEER
   - Contact Number: 082 781 4288.
   - Email Address: mariedebeer@gmail.com.

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (~~Yes~~/(No))
   - If yes, when? N/A
   - Where? N/A.
   - What animal did you adopt? N/A.

1. **Adoption Contract Acknowledgment**

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: K BURKE
Date: 05-12-2025

GARDEN ROUTE SPCA MOSSELBAY			
DATE	25/09/2025	ANIMAL NAME	
KENNEL NUMBER	CB1	BREED	Feline DSH
CARD NUMBER	MBY 7472	STERILIZED	NO
COLOUR	Tabby/Cali	MALE/FEMALE	Female
VACCINATED	Yes	AGE	5 months
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	Stray

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	1.6 kg		
TEMPERATURE	38.6		
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

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	91-000573-001-2
DATE OF ACCOUNT:	21/11/2025
LAST RECEIPT DATE:	20/11/2025
PREPAID METER NUMBER:	01320315847

VAT REG. NO.
Name:
DE BEER & BURKE M & K
Street Address:
47 OESTERRYLAAN BOGGOMSBAAI
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
240.00	573000	3900000	11

DATE	DETAILS				AMOUNT
	B/F BALANCE				2578.44
20/11/2025	0132031584 ELECTRICITY				496.69 *
	BASIC			431.91	
	VAT/BTW			64.78	
20/11/2025	460655 WATER 07/10/2025-06/11/2025				324.58 *
	1422 - 1430 (8 Kl 30 Days)				
	BASIC			261.39	
	07/25	5.92 @	0.000 =	0.00	
	.	2.08 @	10.030 =	20.86	
	VAT/BTW			42.33	
20/11/2025	300011 REFUSE				320.62 *
20/11/2025	RATES INSTALLMENT				1459.98
	RECEIPTS				2578.00-
	Balance Carried Forward				0.31-

VAT ON '*' ITEMS: 148.93 ACB TOT: 0.00

CREDIT	60 DAYS	30 DAYS	CURRENT	
0.00	0.00	0.00	2602.31	2602.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	15/12/2025	2602.00

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. 910005730012

EasyPay >>>>>9152691000573001 23

pay@ 11379 910005730012

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.

SOUTH AFRICA
Permit Mail
P4010396

Mossel Bay
MUNICIPALITY

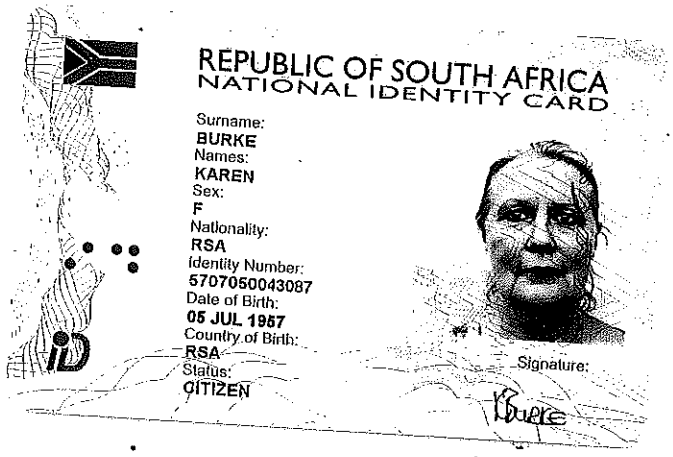
DE BEER & BURKE M & K
PO BOX 313
MOSSEL BAY
6500

91-000573-001-2

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Vou en skeur af.

Fold and tear on perforation.



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BURKE
Names:
KAREN
Sex:
F
Nationality:
RSA
Identity Number:
5707050043087
Date of Birth:
05 JUL 1957
Country of Birth:
RSA
Status:
CITIZEN

Signature:

9920030005786S1 ADMISSION NO MBY 7472

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 01/12/25 TIME: 14:50

NAME OF APPLICANT: Marie De Beer

ADDRESS: 47 A Oester Rylaan, Boggomsbaai

HOME TEL No: CELL No: 0827814088

ANIMAL(S) ADOPTING: OSH

SEX: Female AGE: 5/6 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 2m		Suitability of fence (i.e. small pets can't escape): wall	
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?)		None			
SEX & AGE	1 st.	1	1	1	1
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☐ SMALL DOGS

☑ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Lenora Bezuidenhout SPCA: Mosselbay 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. C8 [illegible]				ADMISSION No. MBY7472		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	25-9-25		Time in	08:00	Date for release	

IDENTIFICATION & LOST AND FOUND							
Lost & Found checked		Yes / No		Lost & Found Date checked	25-9-25		
Microchip/Collar or ID tag found		Yes / No	Date scanned or checked	25-9-25	Microchip or ID Tag number	None	

DESCRIPTION & HISTORY						
Dog	Cat	Other species (Specify)				
Breed	DSH - Kitten		Colour and Markings	Tabby Calico		
Condition	Fair		Sex	Fem Tak	Age	Juvenile
Temperament	Fair		Sterilisation details	None	Name	Unknown
Coat	Short	Tail Long	Teeth Condition Fair	Ears	Pricked	Size	Small
Area found / collected from	Bill Jeffrey Drive				Date	25-9-25
Reason for surrender	Stray					

ASSESSMENT		
GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		
Run Away		
COMMENTS:		
Stray		

Surrendered by / Found by	Name	Mr Jan-Hendrik Chardon			
Residential Address	6 Bill Jeffrey Drive Ext. 23				
Postal Address					
Tel (H)	—	Tel (W) 044 693 0804	Cell 072 257 1761		
Email	—				
Donation R	—	Cash	Card	EFT	(Receipt No.) —

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 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: —

Many
C5

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. de Beer

HOME ADDRESS: 47A Oester Rylaan, Boggomsbaai ID NO.: 6003010088084

POSTAL ADDRESS: As above

TEL NO (H): (B):

CELL NO: 0827814788 FAX NO:

EMAIL: mariedubeer@gmail.com

Address where animal will be kept: 47A Oester Rylaan, Boggomsbaai

Occupation: Navorser.

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: 2 Cats passed away 8 months & 1 year ago

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? Any

Can you afford private fees? Yes Who is your vet? Dr Strydom (including SPCA one)

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

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

Are all your animals sterilised? Give details Not yet

How many dogs and cats have you owned in the last 3 years? DOGS? CATS? 2 OTHER?

Which animals do you still have, and what happened to the others? 0

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

Full description of the fencing and gate: Height:

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? N

Pre Home Inspection Fee: R100 Receipt No: 8511

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 MdeBeer **Date of application** 28/11/202

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
25/04/25	milpro		
03/11/25	milpro		

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel 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 04-12-2025

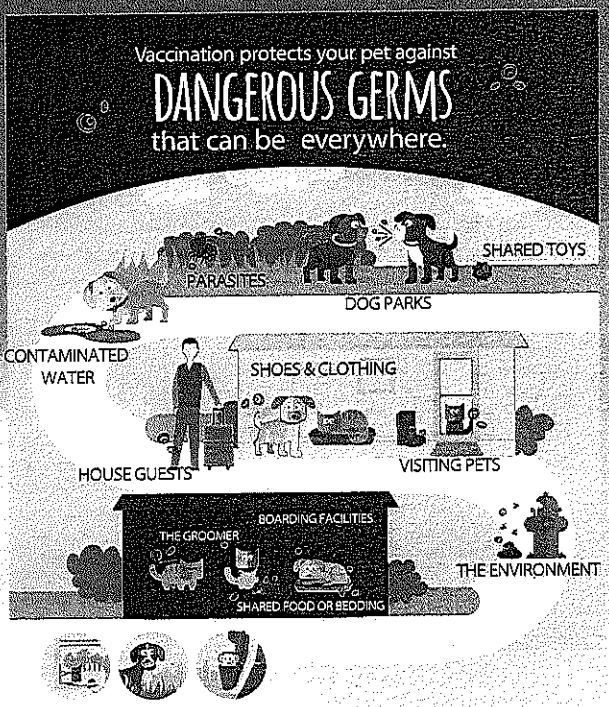
DOCTOR'S NAME Dr. AS. Miller

Garden Route SPCA
P.O. Box 258
George, 6530
Ph [illegible] 0324
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: 09:00-16:00
Wednesday: Closed
Tuesday and Thursday: 09:00-16:00
Saturday: 09:00 -11:00

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000578651

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. * 0829685186

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

E-mail * mariedebeer@gmail.com

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

Title * MRS Initials * M Surname * DE BEER

Street 47A OESTER RYLAAN City

Suburb BOGGOMSBAAI Area Code

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 LEUERS

PET DETAILS

Pet Name MARY Date of birth

Species * FELINE Breed * DSH

Colour TABBY X 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