ADOPTION CHECKLIST

ADMISSION NO: MBY 8579

CONTRACT NO: MA 0166

- [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] Sterillization Contract and Date of sterilization Contract Done 27/11/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 03/12/25
- [x] Microchip Registration- chip number 992003000578658

Adoptee INFO:

Name & Surname Zanda van Rooyen

Contact INFO: 0824676160

Completed by: _____ Date: 25/11/25

Manager: _____ Date: 25/11/25

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.

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	86-007969-002-1
DATUM VAN REKENING:	21/11/2025
LAASTE KWITANSIE DATUM:	20/11/2025
VOORAFBETAALDE METERNOMMER:	

BTW REG. NO.
Naam:
VAN ROOYEN Z
Liggingsadres:
27 E LANATASTRAAT DANABAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
2300.00	7969000	2275000	11

DATUM	BESONDERHEDE	BEDRAG
	BALANS OORGEBRING	5304.54
20/11/2025 46527	ELEKTRISITEIT 08/10/2025-06/11/2025	3870.32 *
	19513 - 20604 (1091 KWH 29 Dae)	
	BASIES 431.91	
	07/25 1091.00 @ 2.689 = 2933.59	
	VAT/BTW 504.82	
20/11/2025 AMR1204393	WATER 08/10/2025-06/11/2025	442.23 *
	2002 - 2020 (18 Kl 29 Dae)	
	BASIES 261.39	
	07/25 5.72 @ 0.000 = 0.00	
	. 12.28 @ 10.030 = 123.16	
	VAT/BTW 57.68	
20/11/2025 400011	RIOOL	365.61 *
20/11/2025 300011	VULLIS	320.62 *
20/11/2025	BELASTING PAAIEMENT	831.51
	KWITANSIES	5350.00-
	Balans Oorgedra	0.83-
	BTW OP '*' ITEMS: 652.00 ACB TOT: 0.00	

KREDIET	60 DAE	30 DAE	LOPEND	AMOUNT DUE
0.00	0.00	0.00	5784.83	5784.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/12/2025	5784.00

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. 860079690021

EasyPay >>>>>9152686007969002l7

pay@ 11379 860079690021

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
P4010395

Vou en skeur af.

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

Mossel Bay MUNICIPALITY

VAN ROOYEN Z
POSBUS 322
MOSSELBAAI
6500

86-007969-002-1

Fold and tear on perforation.

K36

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

Black

The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Zanda Van Rooyen

HOME ADDRESS: 27 E.lanata Straat

Danabaai ID NO.: 6503190043080

POSTAL ADDRESS: /

TEL NO (H): 044 6981057 (B): 082 467 6160

CELL NO: 082 467 6160 FAX NO:

EMAIL: zandavanrooyen@gmail.com

Address where animal will be kept: 27 E.lanata Straat

Occupation: Accountant

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

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

Reason for wanting animal:

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? Dog

Can you afford private fees? Yes Who is your vet? Dr. De Graaff

How many animals live on the property? DOGS? 1 CATS? NO OTHERS Fishes

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? OTHER?

Which animals do you still have, and what happened to the others? 1

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

Full description of the fencing and gate: Viracrete Height: Normal

What shelter is provided: OUTDOORS KENNEL ✓ OTHER

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

Pre Home Inspection Fee: M R100.00 Receipt No: MBY 8490

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 [signature] **Date of application** 20/11/2025

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: PEET VAN ROOYEN
   - Contact Number: 082 4466440
   - Email Address: Longeuus@3180@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: THOMAS VILJOEN
   - Contact Number: 076 012 5497
   - Email Address: tviljoen1000@gmail.com

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? 2004
   - Where? Amanzimtoti KZN
   - What animal did you adopt? Fox terrier

1. **Adoption Contract Acknowledgment**

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

Signature: _____

Date: 28/11/2025

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VAN ROOYEN
Names:
ZANDA
Sex:
F
Nationality:
RSA
Identity Number:
6503190043080
Date of Birth:
19 MAR 1965
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 60 11 90

Date of Issue:
21 JUN 2024

119691357

992003000 578658 ADMISSION NO: MBY 8579

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO (YES circled)   DATE UNDERTAKEN: 24/4/25   TIME: 13:00

NAME OF APPLICANT: Zanda van Rooyen

ADDRESS: 27 6 Ianata Str, Danabaai

HOME TEL No: ________   CELL No: 0824676160

ANIMAL(S) ADOPTING: Lab x

SEX: Female   AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Vibrecrete, 1.5 meter		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?	
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Bordercollie				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	F / 13yrs	/	/	/	/
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: [signature]   SPCA: [signature]   SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
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 thereafter 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 27/11/2025

DOCTOR'S NAME Dr A S [illegible].

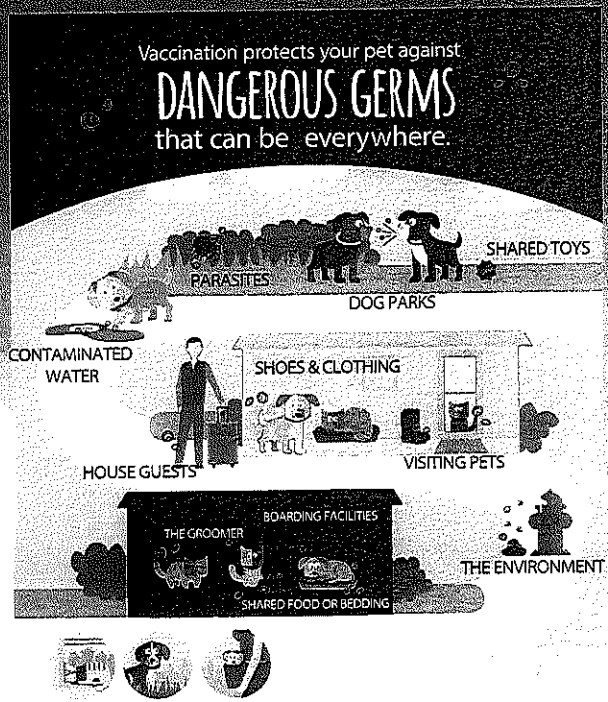
GARDEN ROUTE SPCA
PO.BOX 258
GEORGE 6530
TEL: 044 693 0824 / 072 281 1761

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

Zancki

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA Garden Route

KENNEL No.	28 · 36			ADMISSION No.	MBY8579	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	25 · 023	none	Time in	18:45	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) Brought in	
Breed	Mixed X Kappie	Colour and Markings	Black - Brown
Condition	Good	Sex ♀	Age 5mths
Temperament	Friendly	Sterilisation details none	Name
Coat Short / Tail long / Teeth Condition Good		Ears up	Size small
Area found / collected from	Kwa...		Date
Reason for surrender	Too Many		

ASSESSMENT		
GOOD WITH:	Yes	No
Children	8	
Cats		
Other Dogs	O	
Livestock/Other	O	
DO THEY:	Yes	No
Jump Fences		O
Run Away		O
COMMENTS:		

Surrendered by ✓ / Found by	Name	Ali Kumana
Residential Address	48 Kumana Street Kwa Nonqaba	
Postal Address		
Tel (H)	Tel (W) none	Cell none
Email		
Donation R none	Cash / Card / EFT	(Receipt No.) none

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: [signature]

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 [signature]	Witness for Society [signature]
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

GARDEN ROUTE SPCA MOSSELBAY			
DATE	10/11/2025	ANIMAL NAME	
KENNEL NUMBER	IC 28	BREED	
CARD NUMBER	MBY 8579	STERILIZED	NO
COLOUR	Black	MALE/FEMALE	Female
VACCINATED	Yes Yellow card	AGE	
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	3.4 kg		
TEMPERATURE	38.5°		
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

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000578658

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. * 0824676160

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

E-mail * zandavanrooyen@gmail.com

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

Title * MRS Initials * Z Surname * VAN ROOYEN

Street 27 E. LANATA City

Suburb Area Code DANABAA 1

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 * 03 - 12 - 2025

Date of Implant * 27 - 11 - 2025

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

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name Date of birth 2025

Species * CANINE Breed * LAB X

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 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