Waiting on Proof

Hederaired

ADOPTION CHECKLIST

ADMISSION NO: MBY 2549

CONTRACT NO: MBY 0061

- [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
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 27/06/24
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000356118

Adoptee INFO:

Name & Surname Sandra Zeelie

Contact INFO: 0824574570

Completed by: Kay Levers Date: 25/04/24

Manager: Date: 25/04/24

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 Hospital
Private Bag X34
Mossel Bay
6500
Enquiries: 0446912011
Email: MosselBayHospital.fees@westerncape.gov.za
Fax(044) 691-2001

PROVINCIAL ADMINISTRATION WESTERN CAPE

DEPARTMENT OF HEALTH

PROFORMA INVOICE

Invoice P69240151996

Printed 17/04/2024

Practice no. 5600448

Charge Rate H2

Ms. S ZEELIE
12 MADELIEF SOETDORING STRAAT
HEIDERAND
MOSSEL BAY
MOSSEL BAY
6506

Kindly provide the Fees Office of a copy of the AccountHolder's ID document / or produce the ID document at the next visit.

Patient SANDRA ANTOINETTE ZEELIE S Female DOB: 02/03/1981 Patient No 190041780
Outpatient Visit(s)17/04/2024 06:40 to 17/04/2024 06:40
Treated by Hospital Staff

			Quantity	Unit Cost	Debit	Credit
		Outpatient visit(s)				
17/04/2024 1021	U1021	General Practitioner Fee Emergency	1.00 Each	40.00	40.00	
17/04/2024 1020	U1020	Emergency Facility Fee Emergency	1.00 Each	50.00	50.00	
		Total for Invoice			90.00	

Balance of Account MBY00115375X Including Current Proforma Invoice

180+	150 Days	120 Days	90 Days	60 Days	30 Days	Current	Balance
0.00	0.00	0.00	0.00	0.00	0.00	90.00	90.00

NOTE: Cheques must be marked as not-transferable, and must only be made payable to the: Department of Health.

There may be other invoices or payments not yet posted which have not been included in the balance shown.

Electronic Payments (Bank Deposits) - can be made to Nedbank
Branch Code 14 52 09 - Account Number 1452 047 049
Please quote P69240151996 as a reference.

Interest may be levied on all amounts outstanding.

----------End of Proforma Invoice ----------

MOSSEL BAY HOSPITAL
17 APR 2024

ADMISSION, ASSESSMENT AND HISTORY RECORD CB Loaded.

DBV SPCA
Garden Route

KENNEL No. CB				ADMISSION No. MBY2549		
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 25/04/24			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	(Yes) / No	Lost & Found Date checked	25/04/24
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	25/04/24	Microchip or ID Tag number	None

DESCRIPTION & HISTORY					
Dog	(Cat)	Other species (Specify)	BI.		
Breed	DSH - Siamese	Colour and Markings	Cream & Swart.		
Condition	Fair.	Sex ♀		Age	Juvi
Temperament	Friendly.	Sterilisation details	No	Name	
Coat S.	Tail L.	Teeth Condition Fair.	Ears Pricked.	Size	S.
Area found / collected from	left @ the gate			Date	25/04/24
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 (x)	Name	Yusuf Jeevendal.
Residential Address	18 Bill Jeffrey Bo Plaas.	
Postal Address	No address	
Tel (H) No num	Tel (W) No num	Cell 0722871761.
Email	No email.	
Donation R None	Cash	Card	EFT	(Receipt No.) None

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 /I DO NOT** own the animal/s described above, that **IT IS / IT IS NOT** a stray and **I DO /I 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 uitdruklik 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	Yusuf Jeevendal.	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: _____

MY OWNER

NAME: Sandra Zeelie

POSTAL ADDRESS:

STREET ADDRESS: 12 Madelief

Soetdoring Str, Heiderand

HOME PHONE:

WORK PHONE:

CELL PHONE: 082 4574570

BREEDER DETAILS:

ME

SPECIES: Feline

BREED: DSH

COLOUR: Siamese

SEX: ♀

DATE OF BIRTH:

MICROCHIP: 992003000356118

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
9.05.2024		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
9.4.24	RABISIN R 924507 Lot/Batch: E48017 Ut. av./Exp.: 28/01-2025	N.N
	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 passive immunity against many diseases through antibodies in her milk.
Now it's up to you to keep my vaccination status updated 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.

27th June '24

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0061 DATE: 25.4.2024

between Mosselbay SPCA

and

Name Sandra Zeelie

Address 12 Madelief Seetdoring str, Heiderand

Telephone Numbers (H) (B) 0824574570

to have vaccinated against rabies **within one (1) month of the adoption/due date** (delete whichever is not applicable):

Animal's Name Sex Female Age 8 weeks

Description DSH Siamese X

On (due date) 27-JUN-2024 Adoption Form No. MBY 0061

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

1. Should the animal be taken to another Veterinary Hospital or Clinic for the vaccination without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred and the owner is obligated to provide the Society with proof of the vaccination within one (1) month of the date of adoption.
2. If the animal is not vaccinated on the due date mentioned above, the Society **reserves the right to repossess** 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 repossess and/or inspect the animal.
3. This animal cannot be passed on to a new owner. Refer to Adoption Contract.
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 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: For SPCA:

CONFIRMATION OF RABIES VACCINATION:

Vet: Dr A S Muller Signed:

Date: 27/06/2024

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL /CAGE #		DATE	
CARD #		BREED	
COLOUR		STRAY/SURRENDER	
ANIMAL NAME:		MALE/FEMALE	
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	

GENERAL HEALTH CHECK			
EARS	NAD		
EYES	NAD		
TEETH	NAD		
NOSE	NAD		
LUNGS	NAD		
HEART	NAD		
ABDOMEN	NAD		
HIP	NAD		
SKIN&COAT	NAD		
FIT FOR ADOPTION	YES	NO	
COMMENTS:			

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): Mev. S A Zeelie

HOME ADDRESS: 12 Madelief Soetdoring Str. Heiderand

ID NO.: 81 03 02 0167 081

POSTAL ADDRESS:

TEL NO (H): ✓ (B):

CELL NO: 0824574570 FAX NO:

EMAIL: sandra.zeelie@gmail.com

Address where animal will be kept: 12 Madelief

Occupation: Sales Agent

Do you own or rent your property: Own. Do you have consent from owner / Body Corporate? YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: friend for older cat

Is the animal for yourself? Yes 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?

Can you afford private fees? yes. Who is your vet?

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

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

Are all your animals sterilised? Give details yes

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

Which animals do you still have, and what happened to the others? Died of age

Is your property fenced and has a proper gate? yes 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? NO

Pre Home Inspection Fee: R100 Receipt No: 3316

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** 9.04.2024

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000356118

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 * FRB/14019

Vet Practice Name * SPCA VET Room Mossel Bay

Vet Practice Phone - Daytime * 044 6930824.

PET OWNER INFORMATION

Cell No. * 0824574570 Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * sandrazeelie@gmail.com If possible, please provide a personal email, not a company email.

Title * MRS Initials * S Surname * ZEELIE

Street 12 MADELI ET, SOETDORING City

Suburb Area Code HEIDERAND

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 * 26-04-2024

Date of Implant * 24-04-2024

Was the Microchip implanted by this veterinary practice? X Yes No

Name of Vet who implanted the Chip NOYEBO NGQELE

PET DETAILS

Pet Name Date of birth 2024

Species * FELINE Breed * DSH SIAMESE X

Colour WHITE + BLACK Markings

Gender Male Y Female Sterilised Yes Y 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 personal 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

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0061 DATE: 25.4.2024

between Mosselbay SPCA

and

Name Sandra Zeelie

Address 12 Madelief Soetdoring str, Heiderand

Telephone Numbers (H) (B) 0824574570

to have vaccinated against rabies **within one (1) month of the adoption/due date** (delete whichever is not applicable):

Animal's Name Sex Female Age 8 weeks

Description DSH Siamese X

On (due date) Adoption Form No. MBY 0061

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

1. Should the animal be taken to another Veterinary Hospital or Clinic for the vaccination without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred and the owner is obligated to provide the Society with proof of the vaccination within one (1) month of the date of adoption.
2. If the animal is not vaccinated on the due date mentioned above, the Society **reserves the right to repossess** 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 repossess and/or inspect the animal.
3. This animal cannot be passed on to a new owner. Refer to Adoption Contract.
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 Section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

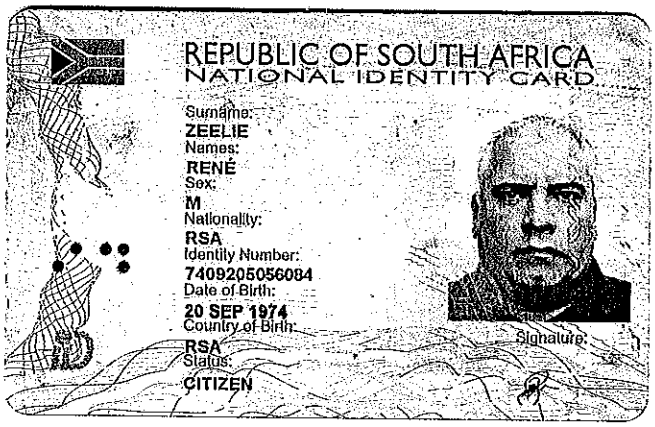
I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: _____ For SPCA: _____

CONFIRMATION OF RABIES VACCINATION:

Vet: _____ Signed: _____

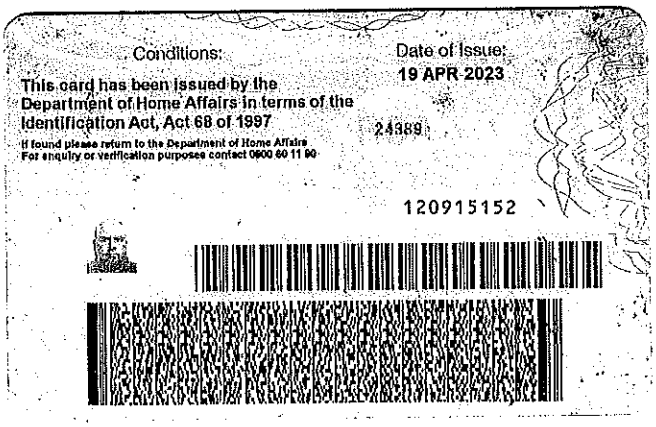
Date: _____



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
ZEELIE
Names:
RENÉ
Sex:
M
Nationality:
RSA
Identity Number:
7409205056084
Date of Birth:
20 SEP 1974
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:
19 APR 2023

24389

120915152

STILL TO BE LOADED ON WELFARE TRACKER ON LUCY

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 10-4-24 TIME: 10:03

NAME OF APPLICANT: Mev. Zeelie

ADDRESS: 12 Madelief Soetdoring Str, Heiderand

HOME TEL No: CELL No: 0824574570

ANIMAL(S) ADOPTING: Cat

SEX: Female AGE: 7 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 2m		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?	wall
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☐	Specify: None	
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	None				
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
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: Luciano Ronzi **SPCA:** Rosse Bay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY0061 DATE: _____

between Mosselbay SPCA

and

Name Sandra Zeelie

Address 12 Madelief, Soetdoring Str, Heiderand

Telephone Numbers (H) (B) 0824574570

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

Animal's Name _____ Sex Female Age 8 weeks

Description DSH Siamese X

On (due date) _____ Adoption Form No: MBY 0061

on the understanding that you will arrange to have this done at the Mosselbay SPCA 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: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____