Hartenbosch.

ADOPTION CHECKLIST

ADMISSION NO: MBY 2569

CONTRACT NO: MBY 0086

- [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 23/05/2024 @ Mosselbay SPCA.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000408417

Adoptee INFO:

Name & Surname: Ladewyk Coetzee

Contact INFO: 0829390443

Completed by: Kay levers Date: 24/05/24.

Manager: Date: 28/05/2024.

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, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. CB7 C5				ADMISSION No.	MBY2569	
Stray	Surrender (circled)	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	28/03/24	N/A	Time in	11:42	Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	Yes X / No	Lost & Found Date checked	28/03/24
Microchip/Collar or ID tag found	Yes / No X	Date scanned or checked	28/03/24
Microchip or ID Tag number	None		

DESCRIPTION & HISTORY

Dog	Cat (circled)	Other species (Specify)	broken		
Breed	DSH / DSH (circled)	Colour and Markings	White / Brown Calico		
Condition	good	Sex	Female	Age	1 year
Temperament	friendly	Sterilisation details	None	Name	–
Coat thin	Tail	Teeth Condition good	Ears clean	Size	M (circled)
Area found / collected from	vagekloof			Date	28/03/24
Reason for surrender	Can't afford				

ASSESSMENT

GOOD WITH:	Yes	No
Children	✓	
Cats	✓	
Other Dogs	✓	
Livestock/Other		
DO THEY:	**Yes**	**No**
Jump Fences		✓
Run Away		✓

COMMENTS: no comments

Surrendered by X / Found by	Name	Frikie Arendse			
Residential Address	vagekloof				
Postal Address	none				
Tel (H) none	Tel (W) none	Cell 0603329429			
Email	none				
Donation R none	Cash	Card	EFT	(Receipt No.)	none

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: Kiley

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 Ann-Classen	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

KENNEL/CAGE #	CB7	DATE	
CARD #	MBY 2569	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:			

Please do after 4

ADMISSION NO ____

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO (YES circled) DATE UNDERTAKEN: 22/05/24 TIME: 11:00

NAME OF APPLICANT: Lodewyk Coetzee

ADDRESS: 1 Gwang Way, Klein renoster Bos, Renosterbos, Hartenbos

HOME TEL No: ____ CELL No: 082939 0443

ANIMAL(S) ADOPTING: Cat

SEX: Female AGE: 8 months.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wire fence		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?	

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 Complex Big house Cat 4 going to a wonderfull home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ **CATS** ☐ **SMALL DOGS**

☐ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: ____ **SPCA:** ____ **SIGNATURE:** ____

POST HOME INSPECTIONS

DATE	**RESULT**	**REMARK**	**BY WHOM**

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Lodewyk Coetzee
POSTAL ADDRESS	
STREET ADDRESS	1 Gwang Way, Klein Renoster Bos
HOME PHONE	
WORK PHONE	
CELLPHONE	082 939 0443
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	Calico
SEX	Female
DATE OF BIRTH	2023
MICROCHIP/TAG	992003000408417
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
23/6/24		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
19/4/24	MSD Animal Health [Nobivac Tricat Trio sticker]	[signature]
20/5/24	MSD Animal Health [Nobivac Tricat Trio sticker]	[signature] DVM
23/5/24	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: L493665 Ut. av/Exp.: 31/03-2024	[signature] DVM
	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	
	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's up to you to keep my vaccinations up to date as advised by my vet!

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): MR LODEWYK COETZEE

HOME ADDRESS: 1 GWANG WAY, KLEIN RENOSTERBOS, RENOSTERBOS ID NO.: 8306085061084 081

POSTAL ADDRESS: P.O. BOX 57

TEL NO (H): — (B): —

CELL NO: 082 939 0443 FAX NO: —

EMAIL: lodewyk@coetzee.archi

Address where animal will be kept: 1 GWANG WAY, RENOSTERBOS, ISLAND VIEW

Occupation: ARCHITECT

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

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

Reason for wanting animal: ANIMAL LOVER

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? DSH

Can you afford private fees? YES Who is your vet? VITAL VET

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS —

What are the sexes of your animals? DOGS: Male 0 Female 0 DOGS: Male 0 Female 0

Are all your animals sterilised? Give details NA

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? 1 OTHER? —

Which animals do you still have, and what happened to the others? AT EX-WIFE

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

Full description of the fencing and gate: CLEAR VIEW FENCE Height: 1,2m

What shelter is provided: OUTDOORS YES KENNEL NO 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: 3420

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** 2024/05/21

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.

1

I.D.No. 830608 5068 08 1

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
COETZEE

VOORNAME/FORENAMES
LODEWYK JUAN

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1983-06-08

DATUM UITGEREIK
DATE ISSUED
2002-10-03

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0086 DATE: 24/05/24.

between Mosselbay SPCA SPCA

and

Name Lodewyk Coetzee

Address 1 Gwang way, Klein Reenoster Bos, Hartenbos

Telephone Numbers (H) 082 939 0443 (B)

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 1 yr

Description DSH Calico

On (due date) 23/06/24 Adoption Form No. MB-/0086

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: _____

Vou en skeur af.

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER: **58-003827-003-4**

DATUM VAN REKENING: **23/05/2024**

LAASTE KWITANSIE DATUM: **22/05/2024**

VOORAFBETAALDE METERNOMMER:

Naam:
COETZEE LJ & JL
Liggingsadres:
37 21STE LAAN MOSSELBAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO: 2533.00	ERF NOMMER: 3827000	TOTALE WAARDASIE: 2150000	WYK No: 8

DATUM		BESONDERHEDE	LESINGDATUM: 24/04/24	BEDRAG
		BALANS OORGEBRING		2526.68
21/05/2024	111867	ELEKTRISITEIT 20/03/2024-24/04/2024		839.30*
		10225 - 10391 (166 KWH 35 Dae)		
		BASIES	377.74	
		07/23 166.00 @ 2.121 =	352.09	
		VAT/BTW	109.47	
21/05/2024	CJKV6936	WATER 20/03/2024-24/04/2024		482.78*
		3068 - 3095 (27 Kl 35 Dae)		
		BASIES	224.17	
		07/23 6.90 @ 0.000 =	0.00	
		. 16.11 @ 9.186 =	147.99	
		. 3.99 @ 11.942 =	47.65	
		VAT/BTW	62.97	
21/05/2024	300008	VULLIS		274.89*
21/05/2024	400008	RIOOL		316.44*
21/05/2024		BELASTING PAAIEMENT		613.40
		KWITANSIES		2526.00-
		Balans Oorgedra		0.49-
		BTW OP '*' ITEMS: 249.56 ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	2527.49	**2527.00**

BETALINGS MOET OP OF VOOR DIE VERVALDATUM GEMAAK WORD	BETAALBAAR OP	BEDRAG BETAALBAAR
	18/06/2024	**2527.00**

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

Verwys. Nr.: 580038270034

EasyPay >>>>>9152658003827003343

pay@ 11379 580038270034

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

Mossel Bay MUNICIPALITY

COETZEE LJ & JL
POSBUS 57
MOSSELBAAI
6500

580038270034

Fold and tear on perforation.

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000408417

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 * FR 14/13019

Vet Practice Name * SPCA VET Room Mosselbay

Vet Practice Phone - Daytime * 044 6930824.

PET OWNER INFORMATION

Cell No. * 0829390443

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

E-mail * lodewyk@coetzee.archi

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

Title * MR Initials * L Surname * COETZEE

Street 1 GWANG WAY City

Suburb RENOSTER BOS Area Code HARTENBOS

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 * 01 - 10 - 2024

Date of Implant * 23 - 05 - 2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip Ndyebongqe/e

PET DETAILS

Pet Name MIES Date of birth 2024

Species * FELINE Breed * DSH

Colour 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