DA NOVA

ADOPTION CHECKLIST

ADMISSION NO: MBY 1933

CONTRACT NO: MBY 0112

- [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 13/06/24 @ Mbay SPCA
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000356207 done 14/06/24.

Adoptee INFO:

Name & Surname L. Pelser

Contact INFO: 084 058 1865

Completed by: Kay Levers Date: 14/06/2024

Manager: Date: 14/06/2024

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.

Bacardi

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 L. Pelser

HOME ADDRESS: 31 Con van der Wath str, Da Nova

ID NO.: 8612045081084

POSTAL ADDRESS: As above

TEL NO (H): 061 1970339 wife (B):

CELL NO: 084 058 1865 FAX NO:

EMAIL: louispelser02@gmail.com

Address where animal will be kept: 31 Con van der Wath str, Da Nova

Occupation: Site Manager

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: Cat 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? Heiderand Diere kliniek

How many animals live on the property? DOGS? 2 CATS? OTHERS

What are the sexes of your animals? DOGS: Male Female 2 DOGS: Male Female

Are all your animals sterilised? Give details 1 is

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

Which animals do you still have, and what happened to the others? Cats passed of old age.

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

Full description of the fencing and gate: Brick/palasade/precast Height: 1.8m

What shelter is provided: OUTDOORS Indoors KENNEL OTHER

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: 3473

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 L PELSER. **Date of application** 8/06/24

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000356207

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

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

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

Cell No. * 084 058 1865

E-mail * louispelser02@gmail.com

Title * MR Initials * L Surname * PELSER

Street 31 Con van der Wath,

Suburb

City

Area Code OA NOUA

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 * - -

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip

PET DETAILS

Pet Name LEO.

Date of birth 2024

Species * OSH

Breed * OSH

Colour TABBY

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 X MKEPLER

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

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	~~CB4~~ 3 ...			ADMISSION No.	MBY1933	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	11-4-24		Time in	15:50	Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	Yes / No	Lost & Found Date checked	11-4-24	
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	11-4-24	Microchip or ID Tag number: Yes

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)			
Breed	DSH	Colour and Markings	Dk Tabby W/h		
Condition	Fair	Sex	FMALE	Age	12 wk
Temperament	Fair	Sterilisation details	None	Name	
Coat: Short	Tail: long	Teeth Condition: Fair	Ears: Pricked	Size	Small
Area found / collected from	Tweekuilen			Date	11-4-2024
Reason for surrender	Cat Sick (Adoption Cat.)				

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	C. Rootman			
Residential Address	26 Blesboenderst				
	Tweekuilen Diaz				
Postal Address					
Tel (H)		Tel (W)		Cell	0735925637
Email	chriskrootman@gmail.com				
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 /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: [signature]	Witness for Society: C. Hoek
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

MBY0107 + MBY0112. ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 11-6-24 TIME: 14:15

NAME OF APPLICANT: L. Pelser

ADDRESS: 31 Con van der Watt

Da Nova

HOME TEL No: _____ CELL No: 084 058 1865

ANIMAL(S) ADOPTING: Cats x 2

SEX: Male AGE: Juvenile.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 2m wall		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?	none
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?	2

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Pinscher	Pitbull			
CONDITION	good	good			
WELFARE (good?)	good	good			
SEX & AGE	♂ / 10yrs	♀ / 2yrs	/	/	/
STERILISED	YES ☑ / NO ☑	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Breed Home to Home the Cats

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ **CATS** ☐ **SMALL DOGS**

☐ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: Luciano Bapi **SPCA:** Mossel Bay **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME: L. PELSER

POSTAL ADDRESS:

STREET ADDRESS: 31 Con van der Wath Str, Da Nova

HOME PHONE:

WORK PHONE:

CELLPHONE: 084 058 1865

BREEDER DETAILS:

ME

SPECIES: Feline

BREED: DSH

COLOUR: White + black tabby

SEX: ♀

DATE OF BIRTH:

MICROCHIP: 992003000356109

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
March 2025		
1/5/2024 only Rabisin		
May 2025		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
23/2/24	352966 R1	N.N
27/3/2024	352605 R1	N.N
14/5/2024	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Ut. av./Exp.: E48017 28/01-2025	
13/5/2024	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Ut. av./Exp.: E70276 13/07-2025	N.N
	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 core and diseases.
My mother gave me immunity during my first few weeks by drinking 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 (isoquinoline) 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.

To whom it may concern,

13 June 2024

RE MR AND MRS PELSER – 31 CON VD WATH STREET, DA NOVA, MOSSEL BAY

Good day,

We hereby confirm that Mr and Mrs Pelser is renting the above-mentioned property from Seeff Mossel Bay on a long term starting from the 1st January 2024 on a 12 month contract.

Please do not hesitate to contact us should you have any more questions.

Kind Regards,

Elize Strydom
Professional Property Consultant
Seeff Mossel Bay
082 853 4603
Elize.strydom@seeff.com

Mossel Bay

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	67-004272-006-6
DATUM VAN REKENING:	23/05/2024
LAASTE KWITANSIE DATUM:	22/05/2024
VOORAFBETAALDE METERNOMMER:	01348021757

Naam:
VERTUE AC
Liggingsadres:
31 CON VAN DER WATHSTRAAT DA NOVA
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	260.00	ERF NOMMER:	4272000	TOTALE WAARDASIE:	1475000	WYK No:	8

DATUM		BESONDERHEDE LESINGDATUM: 06/05/24		BEDRAG
		BALANS OORGEBRING		1754.89
21/05/2024	0134802175	ELEKTRISITEIT 26/04/2024-19/05/2024		434.40 *
		BASIES	377.74	
		VAT/BTW	56.66	
21/05/2024	1	WATER 05/04/2024-06/05/2024		319.90 *
		9787 - 9799 (12 Kl 31 Dae)		
		BASIES	224.17	
		07/23 6.12 @ 0.000 =	0.00	
		5.88 @ 9.186 =	54.01	
		VAT/BTW	41.72	
21/05/2024	300008	VULLIS		274.89 *
21/05/2024	400008	RIOOL		316.44 *
21/05/2024		BELASTING PAAIEMENT		408.93
		KWITANSIES		1754.00 -
		Balans Oorgedra		0.45 -
	BTW OP '*'	ITEMS: 175.50 ACB TOT:	0.00	

R434.40
R319.90
R274.89
R1029.19

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	1755.45	1755.00

BETALINGS MOET OP OF VOOR DIE VERVALDATUM GEMAAK WORD	BETAALBAAR OP	BEDRAG BETAALBAAR
	18/06/2024	1755.00

VAT No. / BTW Nr. 4630116370

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.: 670042720066

>>>>>9152667004272006 64

11379 670042720066

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.

Vou en skeur af.

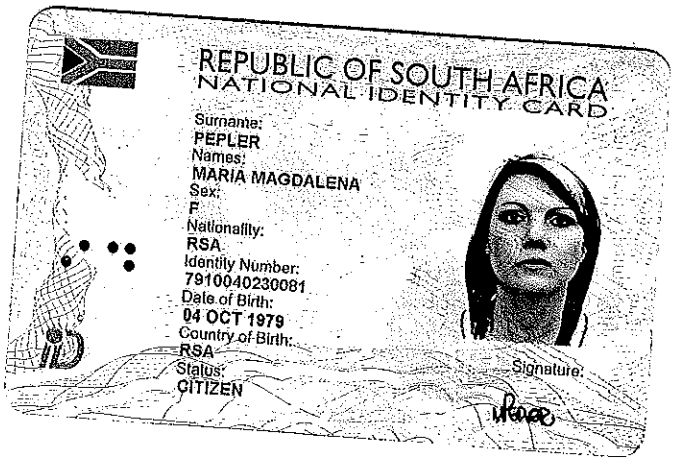
SOUTH AFRICA
Permit Mail
P4010395

Mossel Bay MUNICIPALITY

VERTUE AC
POSBUS 10287
DANABAAI
6510

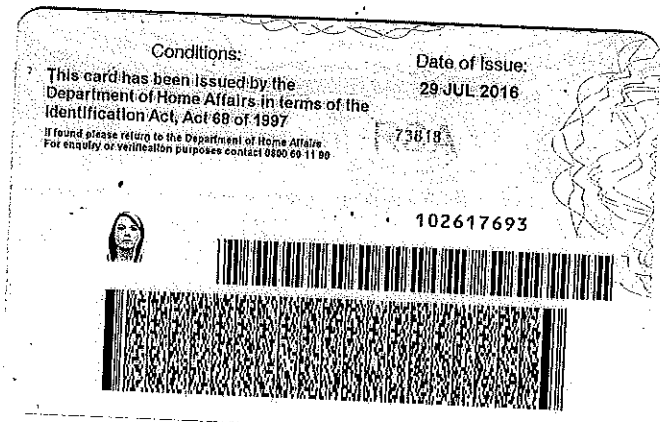
670042720066

Fold and tear on perforation.



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
PEPLER
Names:
MARIA MAGDALENA
Sex:
F
Nationality:
RSA
Identity Number:
7910040230081
Date of Birth:
04 OCT 1979
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:
29 JUL 2016

73618

102617693