ADOPTION CHECKLIST

ADMISSION NO: MBYS143

CONTRACT NO: MA00030T

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [ ] Proof of Residence
- [x] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 30/01/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486987

Adoptee INFO:

Name & Surname: Shante Viljoen

Contact INFO: 079 123 8653

Completed by: _____ Date: 31/01/2025

Manager: _____ Date: 31/01/2025

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:	37-241013-001-0
DATUM VAN REKENING:	22/01/2025
LAASTE KWITANSIE DATUM:	21/01/2025
VOORAFBETAALDE METERNOMMER:	

BTW REG. NO. 4960186569
Naam:
SEEMEEU PARK BELEGGINGS 2 BK
Liggingsadres:
G13 WITTEKLIP MOSSELBAAIPLASE
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
0.00	241013	4725000	11

DATUM	BESONDERHEDE	BEDRAG
	BALANS OORGEBRING	404.83
20/01/2025	BELASTING PAAIEMENT	404.38
	KWITANSIES	404.00-
	Balans Oorgedra	0.21-

KREDIET	60 DAE	30 DAE	LOPEND	AMOUNT DUE
0.00	0.00	0.00	405.21	405.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	17/02/2025	405.00

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. 372410130010

EasyPay >>>>>>9152637241013001O6

pay@ your payment partner 11379 372410130010

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

SEEMEEU PARK BELEGGINGS 2 BK
POSBUS 33
HEIDERAND
6511

37-241013-001-0

Fold and tear on perforation.

ADOPTION CONTRACT

DOG/CAT	Breed	Male/Female	ADMISSION NO:
Microchip and c	992003000486987		

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to **return** it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will **not chain or cage** the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in the case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in the form of a microchip or a collar and tag – only **elasticised or quick release collars** may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of the Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post within seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Shante Viljoen

HOME ADDRESS: Wittekliip Plaas, Mosselbay ID/PASSPORT NO.: 0306230076086

TEL NO (H): _____ (B): _____

CELL NO: 079 123 8653 FAX NO: _____

E-MAIL: shante0623viljoen@gmail.com

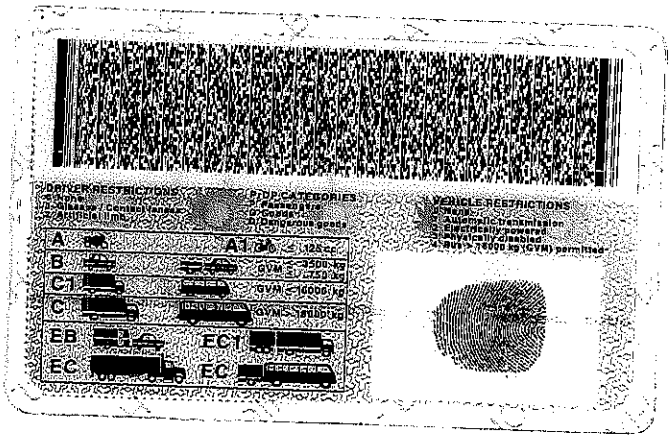
ADOPTION FEE: R850 cash / card/ eft DONATION: _____ RECEIPT No. 55993

VEHICLE REG. No. LC 10K4 GP VEHICLE MAKE: Ford Raptor COLOUR Blue

SIGNATURE: Shante WITNESS FOR SOCIETY: _____

DATE: 31/1/25


SADC
ZA
SOUTH AFRICA
DRIVING LICENCE
CARTA DE CONDUCAO
SH VILJOEN
ID No: 02/03062300076086
FEMALE
Birth: 23/06/2002 ZA
Restriction: 0
Licence Number: 4004000023
No.: 1
Valid: 07/07/2023 - 06/07/2028
Issued: ZA
Code: B
Vehicle restriction: 0
First Issue: 07/07/2023


DRIVER RESTRICTIONS
PDP CATEGORIES
VEHICLE RESTRICTIONS
A
A1
B
C1
C
EB
EC
EC1
EC

AD ESSMENT AND HISTORY RECORD

DB SPC Garden Rou

EL No. C84 C3				ADMISSION No. MBY5143		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in			Time in		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		Microchip or ID Tag number			

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)			
Breed			Colour and Markings		
Condition			Sex		Age
Temperament			Sterilisation details		Name
Coat	Tail	Teeth Condition	Ears		Size
Area found / collected from					Date
Reason for surrender					

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	
Residential Address			
Postal Address			
Tel (H)		Tel (W)	Cell
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 st Applicant	Details of third Applicant

ed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

MA000030T
Tabby C3 - 5143 (P) T

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

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

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Ms Shante Viljoen

HOME ADDRESS: Witteklip plaas (across from Hokaai boerekos)

Pin location sent of farm ID NO.: 0306230076086

POSTAL ADDRESS: 52 Blue Crane rd Monte Christo Hartenbos

TEL NO (H): _____ (B): _____

CELL NO: 079 123 8653 FAX NO: _____

E-MAIL: shante0623viljoen@gmail.com

Address where animal will be kept: Witteklip plaas (accross from Hokaai boerekos)

Reason for wanting an animal: Love animals

Occupation: Advertisement

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

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

Reason for wanting an animal: Love animals and want to give a loving animal a loving home

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? Male cat

Can you afford private veterinary fees? Yes Who is your vet? Hartenbos diere hospitaal

How many animals live on your property DOGS 2 CATS 1 OTHER _____

What are the sexes of your animals? DOGS: Male _____ Female 2 CATS : Male _____ Female 1

Are all your animals sterilised? Give details Yes all animals except 1 dog

How many dogs and cats have you owned over the past 3 years? DOGS 2 CATS 1 OTHER _____

Which animals do you still have, and what happened to the others? Have all of them

Is your property fenced and has a proper gate? Yes Will you chain/cage an animal? NEVER

Full description of the fencing and gate: Farming fence Height: _____

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER Indoor

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

Pre Home Inspection Fee: _____ Receipt No.: _____

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** 23/01/2025

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000486987

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 VETROOM Mosselbay.
Vet Practice Phone - Daytime * 044 6930824.

PET OWNER INFORMATION

Cell No. * 079 123 8653 Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.
E-mail * shantee0623viljoen@gmail.com If possible, please provide a personal email, not a company email.
Title * MS Initials * S Surname * VILJOEN
Street WITTEKLIP PLAAS City
Suburb Area Code MOSSELBAY
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 * 04 - 02 - 2025
Date of Implant * 30 - 01 - 2025
Was the Microchip implanted by this veterinary practice? (Yes) No
Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name Date of birth 2024
Species * FELINE Breed * DSH
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 _____

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

PRE HOME NO MPRE 072

ADMISSION NO MBY S143

MA000030T

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030004869 87

PASSED: YES / NO DATE UNDERTAKEN: 27/01/25 TIME: 15H10

NAME OF APPLICANT:

ADDRESS: 1 Witkloof Place, Mosselbay

HOME TEL No: CELL No: 079 123 8653

ANIMAL(S) ADOPTING: Cats

SEX: Male AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Mesh.		Suitability of fence (i.e. small pets can't escape): Yes.	
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	BMC.	Scottie	Backyard.		
CONDITION	Good.	Good	Good		
WELFARE (good?)	Good.	Good.	Good.		
SEX & AGE	F. 1½.	F 1½.	F 1½.	1	1
STERILISED	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☐ / NO ☑	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Good young people, area is very huge & clean.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ **CATS** ☑ **SMALL DOGS**

☐ **MEDIUM DOGS** ☑ **LARGE DOGS**

INSPECTED BY: Thembo. **SPCA:** Mbay **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

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 also 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 30/01/2025

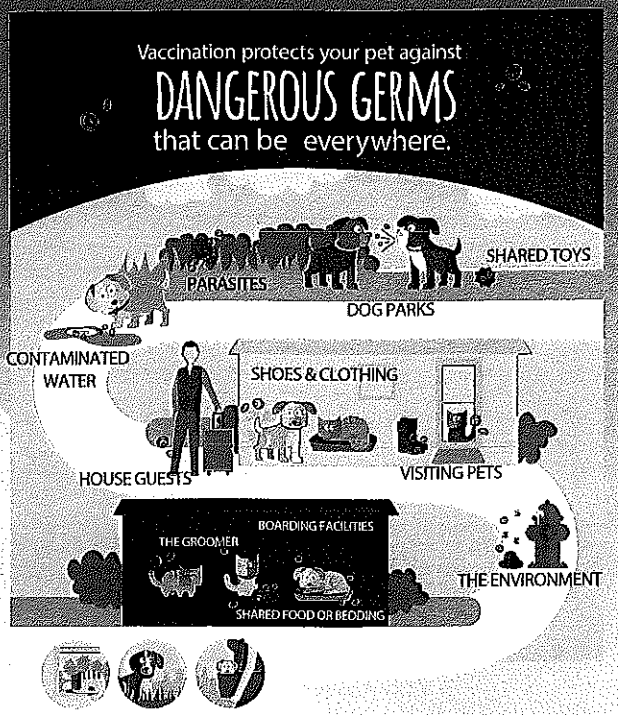
DOCTOR'S NAME Dr AS Muller

Garden Route SPCA
P.O. Box 258
George, 6530
Ph (044) 693 - 0824
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: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday: 09:00 - 11:00