ADOPTION CHECKLIST

ADMISSION NO: MBY 5655

CONTRACT NO: MA 00060T

- [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 April
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486630

Adoptee INFO:

Name & Surname Sandra Zeelie

Contact INFO: 082 457 4570

Completed by: _____ Date: 06/03/2025

Manager: _____ Date: 06/03/2025

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.

ADOPTION CONTRACT

DOG/CAT	Breed	Siamese X	Male/Female	ADMISSION NO:	MBY 5655

Microchip and or ID Tag Number:- 992003000486630

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): Mev. Zeelie

HOME ADDRESS: 12 Madeliet, Soetdoring Ltr ID/PASSPORT NO.: 8103070162081

TEL NO (H): NA (B): Nat 044 884 1443

CELL NO: 0824574570 FAX NO:

E-MAIL: sandra zeelie@gmail.com

ADOPTION FEE: R850 cash / card/ eft DONATION: RECEIPT No. 5685

VEHICLE REG. No. CBS22213 VEHICLE MAKE: Kia sportage COLOUR Brownish

SIGNATURE: WITNESS FOR SOCIETY:

DATE: 06/03/2025

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486630

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. * 082 457 4570

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 MADELIEF, SOETDORING STR

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 * 07 - 03 - 2023.

Date of Implant * 05 - 03 - 2025

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name POPLAR

Date of birth 2025

Species * FELINE

Breed * SIAMESE X

Colour CREAM + 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

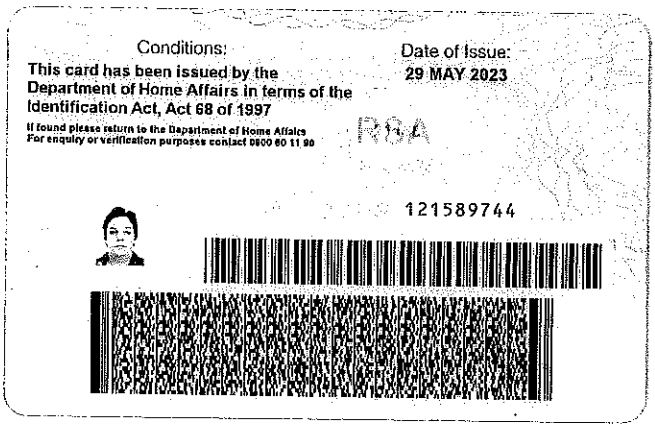
Medical Insurance Phone

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



Conditions:

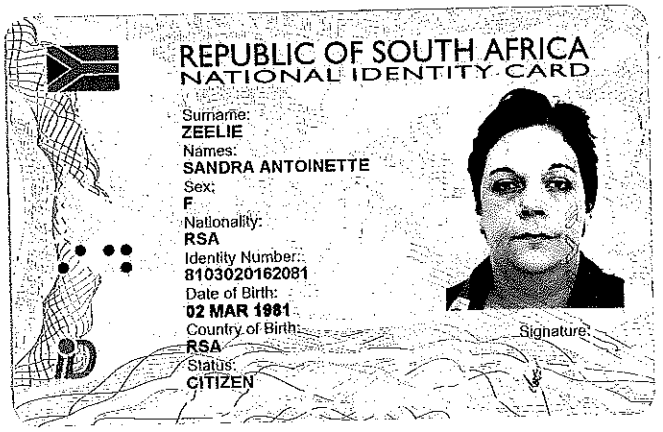
This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
29 MAY 2023

RSA

121589744


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
ZEELIE
Names:
SANDRA ANTOINETTE
Sex:
F
Nationality:
RSA
Identity Number:
8103020162081
Date of Birth:
02 MAR 1981
Country of Birth:
RSA
Status:
CITIZEN
Signature:

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPLA WASEMOSSELBAY

REKENINGNOMMER:	64-015378-004-8
DATUM VAN REKENING:	25/07/2024
LAASTE KWITANSIE DATUM:	24/07/2024
VOORAFBETAALDE METERNOMMER:	01077163077

Naam:
ZEELIE R & SA
Liggingsadres:
12 MADELIEFIE MEENTHUIS HEIDERAND X12
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
600.00	15378000	1000000	6

DATUM		BESONDERHEDE LESINGDATUM: 26/06/24		BEDRAG
		BALANS OORGEBRING		3554.58
19/07/2024	0107716307	ELEKTRISITEIT 07/07/2024-13/07/2024		451.54 *
		BASIES	392.65	
		VAT/BTW	58.89	
19/07/2024	714404	WATER 24/05/2024-26/06/2024		426.35 *
		4516 - 4537 (21 Kl 33 Dae)		
		BASIES	237.63	
		07/23 6.51 @ 0.000 =	0.00	
		14.49 @ 9.186 =	133.11	
		VAT/BTW	55.61	
19/07/2024	400006	RIOOL		335.43 *
19/07/2024	300006	VULLIS		299.64 *
19/07/2024		BELASTING PAAIEMENT		299.57
		KWITANSIES		1710.00 -
		Balans Oorgedra		0.11 -
	BTW OP '*' ITEMS:	197.33 ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	1844.58	1812.53	3657.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/08/2024	3657.00

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.: 640153780048

EasyPay >>>>>9152664015378004 81

pay@ 11379 640153780048

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

ZEELIE R & SA
MADELIEFIESTRAAT 12
HEIDERAND
6506

640153780048

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

Fold and tear on perforation.

9920030000486630

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 00060T

DATE: 06/03/2025

between MOSSELBAY SPCA

and

Name SANDRA ZEELIE

Address 12 MADELIEF, SOETDORING STR, HEIDERAND

Telephone Numbers (H) (B) 082 457 4570

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

Animal's Name Sex FEMALE Age 8 weeks

Description SIAMESE X

On (due date) APRIL Adoption Form No.

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:

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

KENNEL No. C23.C3				ADMISSION No. MBY5655		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 12/08/25			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	12/08/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	12/08/25	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	DSH	Colour and Markings	Siamese	
Condition	Fair	Sex ♀	Age	Kitten
Temperament	Fair	Sterilisation details No	Name	
Coat S	Tail L	Teeth Condition Fair	Ears Raised	Size S
Area found / collected from	Mwg		Date	12/08/25
Reason for surrender	Owner cant look after the cats			

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	Gloria Barn			
Residential Address	45 Eguma Str Kwa				
Postal Address	No postal				
Tel (H) No num	Tel (W) No num	Cell 0611320220			
Email	No email				
Donation R No num	Cash	Card	EFT	(Receipt No.) No num	

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 / 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 [illegible] MBY 5286.	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

MA000607
MBY565

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): Mev S. Zeelie

HOME ADDRESS: 12 Madelief, Soetdoring str Herderand, Mosselbay

ID NO.: 8103020162081

POSTAL ADDRESS: _____

TEL NO (H): N/a (B): 044884 1443

CELL NO: 082 457 4570 FAX NO: _____

E-MAIL: Sandra.zeelie@gmail.com

Address where animal will be kept: 12 Madelief, Soetdoring, Herderand.

Reason for wanting an animal: for the other 2, we love cats

Occupation: Sales executive

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

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

Reason for wanting an animal: companionship

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? _____

Can you afford private veterinary fees? yes Who is your vet? _____

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

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

Are all your animals sterilised? Give details yes

How many dogs and cats have you owned over the past 3 years? DOGS _____ CATS 2 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/cage an animal? NO

Full description of the fencing and gate: wall Height: _____

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER house bed.

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** 01 MRT 2025

PRE HOME NO MPRE 092

ADMISSION NO MB/5653

MA 00060T

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030004866 30

PASSED: YES / NO DATE UNDERTAKEN: 27/03/25 TIME: 13:00

NAME OF APPLICANT: Sandra Zeelie

ADDRESS: 12 Madelief, Soetdoring Straat, Heiderand

HOME TEL No: _____ CELL No: 0824574570

ANIMAL(S) ADOPTING: Cat - Siamese X

SEX: Female AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brick 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?	
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?	2

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	DSH	DSH			
CONDITION	good	good			
WELFARE (good?)	good	good			
SEX & AGE	Female/adult	Female/adult	1	1	1
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: KM **SPCA:** Mosselbay **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Sandra Zeelie
POSTAL ADDRESS	
STREET ADDRESS	12 Madelief, Soetdoring
	Heiderand
HOME PHONE	
WORK PHONE	
CELLPHONE	082 457 4570
BREEDER DETAILS	

ME

SPECIES	FELINE
BREED	SIAMESE
COLOUR	GREY + BLACK
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000486630
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
17/03/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/02/25	Nobivac Tricat Trio 02071435C 02-JAN-2026 + milpro	BHO SMITH
	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 immunity during my first few weeks by disease-fighting antibodies in 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.