ADOPTION CHECKLIST

ADMISSION NO: MBY 5100

CONTRACT NO: MA000047T

- [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: Beginning April
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number: 992003000486827

Adoptee INFO:

Name & Surname: Mariaan Ongley

Contact INFO: 0823209490

Completed by: _____ Date: 14/02/2025

Manager: _____ Date: 14/02/2025

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

COPIED

DBV SPCA
Garden Route

KENNEL No: CBT C1				ADMISSION No. MBY5100		
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 X	Other species (Specify)		
Breed: DSH (Domestic Short Hair)		Colour and Markings: Colico		
Condition: Good		Sex: Female	Age	
Temperament: Fair		Sterilisation details: None	Name	
Coat	Tail	Teeth Condition	Ears	Size: medium
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:		
31.10.4		

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: 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	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: _____

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 000477 DATE: 14/02/2025

between Mosselbay SPCA

and

Name Mrs. M. Ongley

Address 20 Pienaar Straat, Pienaarstrand / Botha Straad, Groot brak.

Telephone Numbers (H) 0823209490 (B)

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

Animal's Name Sex Female Age ± 9 weeks

Description Cobra DSH

On (due date) Beginning 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:

ADOPTION CONTRACT

DOG/CAT	Breed	Male/Female	ADMISSION NO: MBY5100
Microchip and	992003000486827		

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): M. Oogley

HOME ADDRESS: 20 Pienaarstraat ID/PASSPORT NO.: 5905020041088

TEL NO (H): Pienaarsrand / Bothastrand Groothoek (B):

CELL NO: 0823209490 FAX NO:

E-MAIL:

ADOPTION FEE: R850 cash / card/ eft DONATION: RECEIPT No. 5634.

VEHICLE REG. No. CAW 85023 VEHICLE MAKE: Kia COLOUR Silver.

SIGNATURE: WITNESS FOR SOCIETY:

DATE: 16/2/25

C1 calico
S100

MA000047T

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): MRS M. ONGLEY

HOME ADDRESS: 20 PIENAARSTRAAT PIENAARSTRAND/ROTHASTRAND

FROOTBRAK ID NO.: 5905020041088

POSTAL ADDRESS: /

TEL NO (H): / (B): /

CELL NO: 0823709490 FAX NO: /

E-MAIL: /

Address where animal will be kept: AS ABOVE

Reason for wanting an animal: LOVE

Occupation: RETIRED

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 an animal: _____

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? CAT

Can you afford private veterinary fees? YES Who is your vet? STRANDLOPER

How many animals live on your property DOGS 0 CATS 0 OTHER 0

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

Are all your animals sterilised? Give details N/A

How many dogs and cats have you owned over the past 3 years? DOGS 0 CATS 1 OTHER 0

Which animals do you still have, and what happened to the others? None - cat had heart attack.

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

Full description of the fencing and gate: WOODEN FENCING Height: 1,2

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER INDOORS

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

Pre Home Inspection Fee: R100. Receipt No.: 5626

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** 11/2/25

PRE HOME NO: MPRE 080

ADMISSION NO: MBYS100

MA 000047T

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030004868 27

PASSED: YES / NO DATE UNDERTAKEN: 13/02/25 TIME: 11:57

NAME OF APPLICANT: Mrs Oogley

ADDRESS: 20 Pienaarstraat Pienaarstrand / Bothastrand Groot brak.

HOME TEL No: _____ CELL No: 082320 9490

ANIMAL(S) ADOPTING: Ritter

SEX: Female AGE: 9 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brick & Slaps		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?	0

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

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ **CATS** ☒ **SMALL DOGS**

☒ **MEDIUM DOGS** ☒ **LARGE DOGS**

INSPECTED BY: Wally Wagenaar **SPCA:** Mbay SPCA **SIGNATURE:** _____

POST HOME INSPECTIONS

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

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	M. Ongley
POSTAL ADDRESS	
STREET ADDRESS	20 Pienaarstraat
Pienaarstrand / Bothastrand, Groatbrak	
HOME PHONE	
WORK PHONE	
CELLPHONE	0823209490
BREEDER DETAILS	

ME

SPECIES	FELINE
BREED	DSH
COLOUR	Calico
SEX	Female
DATE OF BIRTH	2024
MICROCHIP/TATTOO	992003000486827
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
07/03/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
10/02/25	Nobivac 1 HCPi 02071456D Date 13-APR-2024 Use 13-OCT-2025 + 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	
	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 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.

MSD Animal Health

Nobivac®

Quantel®

Exitel Plus

Exitel Plus XL

BRAVECTO®

Find us on facebook.

facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

MOSSELBAAI
Munisipaliteit

101 Marsh Street
Private Bag X 29
Mossel Bay 6500

UMASIPALA

admin@mosselbay.gov.za
www.mosselbay.gov.za

MOSSEL BAY
Municipality
VAT Nr 4830118370

Tel: (044) 606 5000
Fax: (044) 606 5062

WASEMOSSELBAYI

Naam:
ONGLEY RS
POSBUS 10534
GEORGE

6530

Liggingsadres:
20 PIENAARSTRAAT PIENAARSTRAND

DUPLIKAAT

BELASTING FAKTUUR **MAANDELIKSE REKENING** BTW REG. NO.

REKENINGNOMMER:	17-000501-002-2
DATUM VAN REKENING:	22/01/2025
LAASTE KWITANSIE DATUM:	21/01/2025
VOORAFBETAALDE METER NOMMER:	01311881799

DIENSTE DEPOSITO	1060.00	ERF NOMMER	501000	WAARDASIE	0
				WARD	5

LESINGDATUM: 09/12/24

DATUM	VERWYSING	BESONDERHEDE				BEDRAG
		BALANS OORGEBRING				1095.13
20/01/2025	0131188179	ELEKTRISITEIT 31/12/2024-09/01/2025				451.54 *
		BASIES			392.65	
		VAT/BTW			58.89	
20/01/2025	BZOE0868	WATER 08/11/2024-09/12/2024				339.12 *
		4902 - 4914 (12 Kl 31 Dae)				
		BASIES			237.63	
		07/24	6.12 @	0.000 =	0.00	
			5.88 @	9.737 =	57.26	
		VAT/BTW			44.23	
20/01/2025	300005	VULLIS				299.64 *
		KWITANSIES				1095.00-
		Balans Oorgedra				0.43-
		BTW OP '*' ITEMS:	142.20	ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	BETAALBAAR
0.00	0.00	0.00	1090.43	1090.00

Betaling moet op of voor die vervaldatum gemaak word.

BETAALBAAR OP
17/02/2025

BEDRAG BETAALBAAR R 1090.00

KENNISGEWING

Standard Bank is now the Primary banker for the MOSSEL BAY MUNICIPALITY Municipal Customers, service providers, members of the public and various stakeholder sare therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY
170005010022

>>>>>9152617000501002 28

PAY@ 11379 170005010022

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP

992003000486827

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 32 09490

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.

E-mail *

Title * MRS Initials * M Surname * ongley

Street 20 Pienaarstraat City

Suburb Pienaarstrand/Bothastrand Area Code Groot brak.

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 WILLOW Date of birth 2024

Species * FELINE Breed * OSH.

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

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. 590502 0041 08 8

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
ONGLEY

VOORNAME/FORENAMES
MARIANA

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

GEBOORTEDATUM/
DATE OF BIRTH
1959-05-02

DATUM UITGEREIK
DATE ISSUED
2002-09-02

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS