ADOPTION CHECKLIST

ADMISSION NO: MBY 6051

CONTRACT NO: MA000073T

- [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 End April
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548244

Adoptee INFO:

Name & Surname Cornel Knippe

Contact INFO: 082 563 9198

Completed by: _____ Date: 27/3/2025

Manager: _____ Date: 27/03/2025

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.

MA000073T

ADOPTION CONTRACT

DOG/CAT	Breed	Male/Female	ADMISSION NO:
M	DSH - Calico		MBY 6051

992003000548244

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): Cornel Kruppe

HOME ADDRESS: 12 P Venusta, Danabaai ID/PASSPORT NO.: 8709100076080

TEL NO (H): (B):

CELL NO: 082 563 9198 FAX NO:

E-MAIL: cornelvm@yahoo.com

ADOPTION FEE: R850 cash / card/ eft DONATION: RECEIPT No. 5733

VEHICLE REG. No. CBS 2641 VEHICLE MAKE: Mahindra COLOUR White

SIGNATURE: Kruppe WITNESS FOR SOCIETY:

DATE: 27/03/2025

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	86-007593-011-2
DATE OF ACCOUNT:	24/02/2025
LAST RECEIPT DATE:	21/02/2025
PREPAID METER NUMBER:	14488863391

VAT REG. NO.
Name:
KNUPPE DC & C
Street Address:
12A P VENUSTASTRAAT DANABAAI
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
1020.00	7593000/001	1650000	11

DATE	DETAILS				AMOUNT
	B/F BALANCE				2497.56
20/02/2025	1448886339ELECTRICITY				338.65 *
	BASIC			294.48	
	VAT/BTW			44.17	
20/02/2025	CSUE434 WATER 08/01/2025-06/02/2025				552.75 *
	5775 - 5803 (28 Kl 29 Days)				
	BASIC			237.63	
	07/24	5.72 @	0.000 =	0.00	
	.	13.35 @	9.737 =	129.99	
	.	8.93 @	12.658 =	113.04	
	VAT/BTW			72.09	
20/02/2025	300011 REFUSE				299.64 *
20/02/2025	400011 SEWERAGE				335.43 *
20/02/2025	RATES INSTALLMENT				521.93
	Balance Carried Forward				0.96-
	VAT ON '*' ITEMS: 199.09 ACB TOT: 0.00				

CREDIT	60 DAYS	30 DAYS	CURRENT	Amount Due
0.00	0.00	2497.04	2048.92	4545.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	17/03/2025	4545.00

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. 860075930112

EasyPay >>>>>9152686007593011122

pay@ your payment partner
11379 860075930112

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

KNUPPE DC & C
PO BOX 10058
DANA BAY
6510

86-007593-011-2

Fold and tear on perforation.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	GB3 C4 T/L	ADMISSION No.	loaded MBY6051

Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	10-7-21	Time in	15:14	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)		T/L
Breed	DSH - kitten	Colour and Markings	~~Brown~~ Calico	
Condition	Fair	Sex	looks ♀	Age 6 wks
Temperament	Fair	Sterilisation details	None	Name —
Coat Short	Tail long	Teeth Condition Fair	Ears Pricked	Size Small
Area found / collected from				Date 10-7-21
Reason for surrender	Humansig Park			

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	[illegible]		
Residential Address	[illegible]				
[illegible]					
Postal Address					
Tel (H)		Tel (W)		Cell	062 609 4496
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 first Applicant	Details of third Applicant

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

Calico C4
6051

MA000738

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): Cornel Cruppe

HOME ADDRESS: 12 P Venusta Street

Dana Bay. 6510 ID NO.: 870910 0076 080

POSTAL ADDRESS: PO Box 10058, Dana Bay

TEL NO (H): ~~0444~~ (B):

CELL NO: 082 563 9198 FAX NO:

E-MAIL: cornelum@yahoo.com

Address where animal will be kept: 12 P Venusta Street

Reason for wanting an animal: Family companion

Occupation: Administrator

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: Family Companion.

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? Dana Bay

How many animals live on your property DOGS 3 CATS _____ OTHER _____

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

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? Still All

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

Full description of the fencing and gate: Walls, Wooden Gate Height: 1.8 m

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? Yes

Pre Home Inspection Fee: R100 Receipt No.: 5706

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 Cruppe **Date of application** 15/03/2025

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000548244

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. * 082 563 9198

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

E-mail * cornelvm@yahoo.com

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

Title * MRS Initials * C Surname * ~~KNUPPE~~ KNUPPE

Street 12 P Venusta Street City

Suburb Area Code DANA BAY

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 * 26 - 03 - 2025

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

Name of Vet who implanted the Chip

PET DETAILS

Pet Name Date of birth 2025

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 X C Knuppe

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

9920030005 48244

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA00073T DATE: 27/03/25

between MOSSELBAY SPCA

and

Name Cornel Kruger

Address 12 P Venusta Street Dana Bay

Telephone Numbers (H) 0825639198 (B)

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

Animal's Name Sex Female Age 2 months

Description Cat CSH

On (due date) End April Adoption Form No. MA00073T

on the understanding that you will arrange to have this done at the Veterinary Hospital Masselbay

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 the 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.

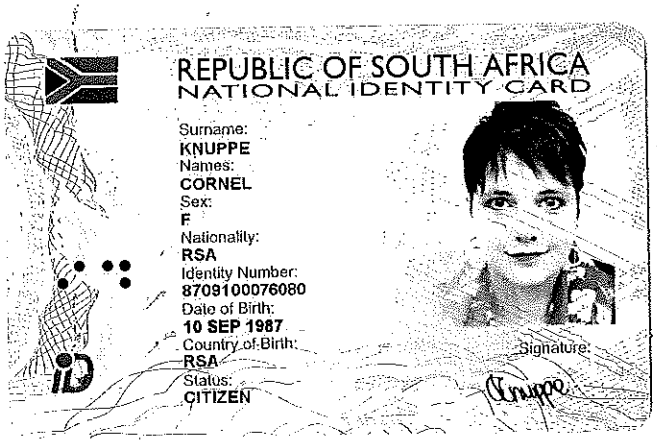
I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: Kruger For SPCA:

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
KNUPPE
Names:
CORNEL
Sex:
F
Nationality:
RSA
Identity Number:
8709100076080
Date of Birth:
10 SEP 1987
Country of Birth:
RSA
Status:
CITIZEN

Signature:

PRE HOME NO: MPRE 099

ADMISSION NO: MBY 6051

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 25/03/25 TIME: 18H05

NAME OF APPLICANT: Cornel Knippe

ADDRESS: 12 P Venusta Street, Dana Bay

HOME TEL No: _____ CELL No: 082 563 9198

ANIMAL(S) ADOPTING: Cat

SEX: Female AGE: ± 6 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall & Mesh.		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?	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					
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: Thornton **SPCA:** M. Bey **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME: Cornel Knippe

POSTAL ADDRESS:

STREET ADDRESS: 12 P Venusta Street

Dana Bay

HOME PHONE:

WORK PHONE:

CELLPHONE: 082 563 9198

BREEDER DETAILS:

ME

SPECIES: FELINE

BREED: DSH

COLOUR: CALICO

SEX: FEMALE

DATE OF BIRTH: 2025

MICROCHIP/TATTOO: 992003000548244

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
09/04/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
12/03/25	 SD + Milpro	AWA Wally
	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.

Find us on facebook.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/BravectoSouthAfr
facebook.com/MsdPetsSa