ADOPTION CHECKLIST

ADMISSION NO: MBY 6267 (waifie)

CONTRACT NO: MA 0043

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [ ] 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 05/06/2025.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 12/06/25
- [x] Microchip Registration- chip number 992003000548384

Adoptee INFO:

Name & Surname Shanna Mittermaier

Contact INFO: 072 576 3880

Completed by: _____ Date: 06/06/2025

Manager: _____ Date: 06/06/2025.

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

DBV SPCA Garden Route

KENNEL No.	C82 C2 185 C2 CA			ADMISSION No.	MBY6267 LOADED	
Stray	Surrender (circled)	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	16/04/25		Time in	15 : 30	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes ✓ / No	Lost & Found Date checked	16/04/25
Microchip/Collar or ID tag found	Yes / No ✓	Date scanned or checked	16/04/25	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat (circled)	Other species (Specify)			
Breed	DSH	Colour and Markings	Grey		
Condition	Fair - Skinny	Sex	Male	Age	± 3 months
Temperament	Good	Sterilisation details	NO	Name	Wolfie
Coat Short	Tail long	Teeth Condition Fair	Ears up	Size	Small
Area found / collected from	EXT 8			Date	16/04/25
Reason for surrender	Can't afford them				

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	Taryn Fredericks			
Residential Address	484 Alof drive Mosselbay				
Postal Address	N/A				
Tel (H) N/A	Tel (W) N/A	Cell 061 399 6203			
Email	N/A				
Donation R N/A	Cash	Card	EFT	(Receipt No.)	N/A

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: Wally

STATEMENT OF SURRENDER

I do hereby certify that ~~I DO~~ / DO NOT (circled) own the ~~animal~~/s described above, that IT IS / IT IS NOT (circled) ~~a~~ stray and I DO (circled) / 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 Refer to MBY6148	Witness for Society [signature]
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

BTW REG. NO.
Naam:
MITTERMAIER HK
Liggingsadres:
11 IMMELMANSLOT ISLAND VIEW
BELASTING FAKTUUR MAANDELIKSE REKENING

REKENINGNOMMER:	52-019372-004-9
DATUM VAN REKENING:	22/05/2025
LAASTE KWITANSIE DATUM:	21/05/2025
VOORAFBETAALDE METERNOMMER:	07603792628

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
1110.00	19372000	2250000	7

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				2223.82
20/05/2025	0760379262ELEKTRISITEIT				451.54 *
	BASIES			392.65	
	VAT/BTW			58.89	
20/05/2025	AMR1212783WATER 20/03/2025-17/04/2025				357.04 *
	545 - 558 (13 Kl 28 Dae)				
	BASIES			237.63	
	07/24	5.52 @	0.000 =	0.00	
	.	7.48 @	9.737 =	72.84	
	VAT/BTW			46.57	
20/05/2025	300007 VULLIS				299.64 *
20/05/2025	400007 RIOOL				335.43 *
20/05/2025	BELASTING PAAIEMENT				727.28
	KWITANSIES				2223.00-
	Balans Oorgedra				0.75-
	BTW OP '*' ITEMS: 188.29	ACB TOT:		0.00	

AGTERSTALIG OP HUURDERS -2156.25

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	2171.75	2171.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	17/06/2025	2171.00

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. 520193720049

EasyPay >>>>>9152652019372004 93

payat
11379 520193720049

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

MITTERMAIER HK
IMMELMANSLOT 11
VYF BRAKKE FONTEIN
MOSSEL BAY
6506

52-019372-004-9

Fold and tear on perforation.

NOTICE OF PERSONAL PARTICULARS

1 Any changes to the personal particulars in your ID Book must be communicated to all relevant parties

NOTICE OF CHANGE OF ADDRESS

1 Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e g name of street and/or street number etc

2 Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

1

I.D. No. 860502 0831 085

S.A.CITIZEN

SURNAME
MITTERMAIER

FORENAMES
SHANNA YOLANDE

COUNTRY OF BIRTH
ZIMBABWE

DATE OF BIRTH
1986-05-02

DATE ISSUED
2018-04-11

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000548384

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 * F214/13019.

Vet Practice Name * SPCA Mosselbay Vetroom.

Vet Practice Phone - Daytime * 044 6930824.

PET OWNER INFORMATION

Cell No. * 0725763880 — Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * via_shanna@hotmail.com — If possible, please provide a personal email, not a company email.

Title * MRS — Initials * S — Surname * MITTERMAIER

Street 11 IMMELMAN CLOSE — City

Suburb VYF BRAKKE FONTEIN — 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 * 12-06-2025.

Date of Implant * 05-06-2025

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 2025

Species * FELINE — Breed * DSH

Colour GREY — Markings

Gender X Male Female — Sterilised X 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

Wolfie

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): Mrs SHANNA Y. MITTERMAIER

HOME ADDRESS: 11 IMMELMAN CLOSE, VYF BRAKKE FONTEINEN

MOSSEL BAY ID NO.: 860502 0831 085

POSTAL ADDRESS: PO BOX 133, MOSSEL BAY 6500

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

CELL NO: 072 576 3880 FAX NO: _____

EMAIL: vig_shanna@hotmail.com

Address where animal will be kept: AS ABOVE

Occupation: STAY AT HOME MOM

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

Are you a student with consent to keep pets: YES (NO)

Reason for wanting animal: PET 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? GREY KITTEN

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

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

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

Are all your animals sterilised? Give details —

How many dogs and cats have you owned in the last 3 years? DOGS? 0 CATS? 0 OTHER? 0

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

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

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

What shelter is provided: OUTDOORS INDOORS KENNEL _____ OTHER _____

Have you previously had pets from an SPCA? YES Are there children under 10 in your household? YES

Pre Home Inspection Fee: R100 Receipt No: 7023

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** 29/05/2025

MY OWNER

NAME: Shanna Mittermaier

POSTAL ADDRESS:

STREET ADDRESS: 11 Immelman Close

Vyf Brakke Fontein, Mosselbay

HOME PHONE:

WORK PHONE:

CELLPHONE: 072 576 3880

BREEDER DETAILS:

ME

SPECIES: FELINE

BREED: DSH

COLOUR: GREY

SEX: MALE

DATE OF BIRTH: 2025

MICROCHIP/TATTOO: 992003000548384

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
24/04/25	 Milpro	AWA
26/05/25	 Milpro	AWA
05/06/25	 F48436 27/04-2026	AWA
	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.

MSD Animal Health

Nobivac®

Quantel®

Exitel Plus

Exitel Plus XL

BRAVECTO®

Find us on facebook.

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

MA0043

9.920030005483 84

ADMISSION NO MBY 6267

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 30/05/25 TIME: 12:45

NAME OF APPLICANT: Shanna Mittermaier

ADDRESS: 11 Immelman Close, VYF BRAKKE FONTEIN, MOSSELBAY

HOME TEL No: _____ CELL No: 072 576 3880

ANIMAL(S) ADOPTING: Kitten - Grey

SEX: Male AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 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	/ M.	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS CAT Good To Go To New Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ CATS
- ☒ SMALL DOGS
- ☐ MEDIUM DOGS
- ☐ LARGE DOGS

INSPECTED BY: Wally Wagenaar SPCA: M.Bay SPCA SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE