

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☐ Copy of Identity Document or Driver's License
- ☐ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract Done 05/06/2025
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number_____

ADMISSION NO:

MBY 6267 (waife)

CONTRACT NO:

MA 0043

Adoptee INFO:

Name & Surname Shanna Mittermaier

Contact INFO: 072 576 3880

12/06/25



992003000548384

Completed by: [Signature]

Date: 06/06/2025

Manager: [Signature]

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



Garden Route

KENNEL No. <u>085 12 107 17</u>				ADMISSION No. <u>MBY6267</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>16/04/25</u>		Time in	<u>15:30</u>	Date for release	

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

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

ASSESSMENT		Surrendered by ☒ Name <u>Tanya Fredericks</u>	
GOOD WITH: Yes No		Found by	
Children	☐ Yes ☐ No	Residential Address <u>484 Alford drive</u>	
Cats	☐ Yes ☐ No	<u>Mosselbay</u>	
Other Dogs	☐ Yes ☐ No	Postal Address <u>N/A</u>	
Livestock/Other	☐ Yes ☐ No	Tel (H) <u>N/A</u> Tel (W) <u>N/A</u> Cell <u>081 399 6203</u>	
DO THEY: Yes No	Email <u>N/A</u>		
Jump Fences	☐ Yes ☐ No	Donation R <u>N/A</u> Cash Card EFT (Receipt No.) <u>N/A</u>	
Run Away	☐ Yes ☐ No		
COMMENTS:			

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 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 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 <u>Refer to MBY6148</u>	Witness for Society <u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
Details of third Applicant	

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

BTW REG. NO.
Naam:
MITTERMAIER HK
Liggingadres:
11 IMMELMANSLOT ISLAND VIEW
BELASTING FAKTUUR MAANDELYSE REKENING

REKENINGNUMMER: 52-019372-004-9
DATUM VAN REKENING: 22/05/2025
LAASTE KWITANSIE DATUM: 21/05/2025
VOORAFBETAALEDE
METERNUMMER: 07603792628

DATUM	BESONDERHEDE	BEDRAG
DENSTE DEPOSITO: 1110.00	ERF NUMMER: 19372000	TOTALE WAARDE: 2250000
		WVK NR: 7
20/05/2025	BALANS OORGERING	2223.82
	BASTES	392.65
	VAT/BTW	58.89
20/05/2025	AMR1212783WATER 20/03/2025-17/04/2025	357.04
	545 - 558 (13 Kl 28 Dae)	
	BASTES	237.63
	07/24	5.52 @ 0.000 = 0.00
		7.48 @ 9.737 = 72.84
	VAT/BTW	46.57
20/05/2025	300007	299.64
	VULIJS	335.43
20/05/2025	400007	727.28
	RIOOL	
20/05/2025	BELASTING PAALMENT	2223.00
	KWITANSIES	
	Balans Oorgering	0.75
	BTW OP *** ITEMS: 188.29	ACS TOT: 0.00
AGTERSTALIG OP HUURDERS -2156.25		
KREDIET	60 DAE	30 DAE
	LOPEND	
0.00	0.00	2171.75
		2171.00
Betaling moet voor of op die vervaldatum gemaak word		
	BETAALBAAR OP	17/06/2025
	BEDRAG BETAALBAAR	2171.00

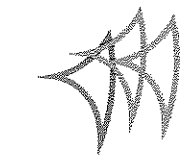
VAT No. / BTW Nr. 4830418370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 520193720049

11379 520193720049

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.

Mossel Bay
MUNICIPALITY

MITTERMAIER HK
IMMELMANSLOT 11
VYF BRAKKE FONTEIN
MOSSEL BAY
6500

52-019372-004-9

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

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

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIP NUMBER



992003000548384

VET OR WELFARE ORGANISATION

Vet Practice Number * FR14/13019.
Vet Practice Name * SPCA Mosselbay Veterinary.
Vet Practice Phone - Daytime * 044 6930624.

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

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 ☒ 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 its 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 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

- On-line Log onto www.backhome.co.za. Complete the registration process.
- By fax Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
- By e-mail Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
- By App Download the Virbac Backhome Africa App

wo 1/2

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, V4F BRAKKE FONTEINEN

MOSSSEL BAY ID NO.: 860502 0831 085

POSTAL ADDRESS: PO BOX 133, MOSSSEL BAY 6500

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

CELL NO: 072 576 3880 FAX NO: _____

EMAIL: Via 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 M. Mittermaier Date of application 29/05/2025

MY OWNER

NAME Shanna Mittermaier

POSTAL ADDRESS

STREET ADDRESS 11 Immelman Close

Vet Backe Foreign, Mosselbay

HOME PHONE

WORK PHONE

CELLPHONE 072 576 3880

BREEDER DETAILS

ME

SPECIES FELINE

BREED DSH

COLOR GREY

SEX MALC

DATE OF BIRTH 2025

MICROCHIP/IDATT

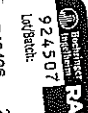
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FEATURES/MARKS

NEXT VACCINATION DUE

DATE DATE DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
24/04/25	 ST:ipre MSD 02-01-2025 mal Health	AWA
26/05/25	 ST:ipre MSD 02-01-2025 mal Health	AWA
05/06/25	 ST:ipre MSD 02-01-2025 mal Health	AWA

MSD
02-01-2025
mal Health

MSD
02-01-2025
mal Health

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mal Health

I WAS VACCINATED ON

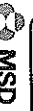
DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	
	 MSD Animal Health	

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's up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DHPPI (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3992 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), 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 (isopropyl) 50 mg/ml and Fenbendazole (benzimidazole) 500 mg/ml. Exitel Plus (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and 144 mg pyrantel embonate) and Fenbendazole 500 mg. Exitel Plus XL (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Furalaner per kg body weight. Fenbendazole 525 mg. Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Furalaner per kg body weight.



Animal Health



facebook.com/Bravecto South Africa
facebook.com/MSD Pets SA

MA0043

9.92003000548384

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, VYE BRAKKE FONTEIN, MOSSELBAY

HOME TEL No: CELL No: 072 516 3880

ANIMAL(S) ADOPTING: Kitten - Grey

SEX: Male AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	SLAPS		
Suitable shelter? (i.e. Kennel in protected area)	YES ☒ / NO ☐	Suitability of fence (i.e. small pets can't escape):	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☐ / NO ☒	Any sign of Chain/Runner?	YES ☐ / NO ☒
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	If yes, what partitioning?	
Does applicant live at the address?	YES ☒ / NO ☐	Specify:	
		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

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:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE