ADOPTION CHECKLIST

ADMISSION NO: MBY 6092

CONTRACT NO: MA0055

- [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
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 19/06/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548237 25/06/25

Adoptee INFO:

Name & Surname Michelle Bylsma

Contact INFO: 061 687 1966 / 062 853 0244

Completed by: _____ Date: 20/06/25

Manager: _____ Date: 20/06/25

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Hendrik Bylsma.
   - Contact Number: 072 9585038
   - Email Address: hendrikbylsma514@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/(No))
   - If yes, when? N.V.T.
   - Where? N.V.T.
   - What animal did you adopt? N.V.T.

1. **Adoption Contract Acknowledgment**

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: Bylsma.
Date: 20/06/2025.

ADMISSION No.
TOELATINGSNR. MA0055

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip ar			

992003000548237

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 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 form of a microchip or a collar and tag - only **elasticated 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 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 with 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.

UITPLASINGSKONTRAK

Garden Route

HOND / KAT	Ras	Manlik/Vroulik	
Mikroskyfie en of ID nSkyfie Nommer:			

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Elenaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV **terug** te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. Ek sal **nie die dier vasketting of gehok hou nie**, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private veeartsnykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - **slegs rekbandjies** mag vir katte gebruik word.
14. My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres

** Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.*
** Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarlosing van enige dier nie.*

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters): Michelle Bylsma

HOME ADDRESS
WOONADRES: 76 A. Aalwyn Weg, Danabaai

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8612020098087

TEL No (H):
TELEFOON Nr (H):

(B):
(W):

CELL No:
SELFOON Nr: 061 6871966/062 8530244

FAX No:
FAKS Nr:

E-MAIL:
E-POS. michellebylsma3@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 7071

VEHICLE REG No.
VOERTUIG REG Nr. CBS 53050

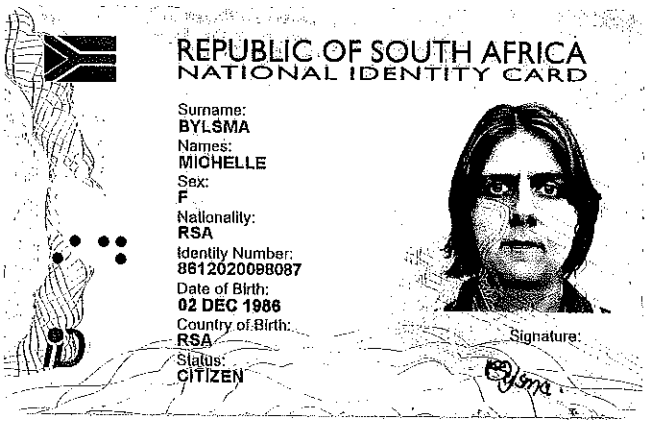
VEHICLE MAKE:
VOERTUIG MAAK: ATOS

COLOUR:
KLEUR: Blou

SIGNATURE
HANDTEKENING: Bylsma.

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING:

DATE / DATUM: 20/06/25



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BYLSMA
Names:
MICHELLE
Sex:
F
Nationality:
RSA
Identity Number:
8612020098087
Date of Birth:
02 DEC 1986
Country of Birth:
RSA
Status:
CITIZEN

Signature:

9920030005482 37 ADMISSION NO MBY6092

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 17/6/25 TIME: 12:00

NAME OF APPLICANT: Michelle Bylsma

ADDRESS: 76 A. Aalwyn Weg, Danabaai, Mosselbaai

HOME TEL No: _____ CELL No: 061 687 1966 / 062 853 0244

ANIMAL(S) ADOPTING: Collie X

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?	5 Birds

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	African Grey	X Budgies			
CONDITION	Good	Good			
WELFARE (good?)	Good	Good			
SEX & AGE	Male / ?.	/	/	/	/
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: _____ SPCA: _____ SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPLA WASEMOSSELBAYI

REKENINGNOMMER:	86-005912-001-6
DATUM VAN REKENING:	23/10/2022
LAASTE KWITANSIE DATUM:	20/10/2022
VOORAFBETAALDE METERNOMMER:	01081964981

Naam:
BYLSMA B & HM
Liggingsadres:
76 A AALWYNWEG DANABAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
40.00	5912000	1800000	11

DATUM	BESONDERHEDE	LESINGDATUM: 06/10/22	BEDRAG
	BALANS OORGEBRING		2257.98
03/10/2022	DP-COST ADMIN FOOI		90.10 *
17/10/2022	ACB2636492KWITANSIES		457.13 -
17/10/2022	ACB2636493KWITANSIES		244.36 -
17/10/2022	ACB2636491KWITANSIES		298.51 -
18/10/2022	10% RENTE		7.00
18/10/2022	10% RENTE		0.29
20/10/2022	AMR1210823WATER 06/09/2022-06/10/2022		355.51 *
	514 - 529 (15 Kl 30 Dae)		
	BASIES	235.97	
	07/22 5.92 @ 0.000 =	0.00	
	9.08 @ 8.058 =	73.17	
	VAT/BTW	46.37	
20/10/2022	400011 RIOOL		298.51 *
20/10/2022	300011 VULLIS		261.80 *
20/10/2022	BELASTING PAAIEMENT		457.13
	Balans Oorgedra		0.32 -
	BTW OP '*' ITEMS: 131.19 ACB TOT: 1000.00-		

ONOPGEDATEERDE DEBIET ORDERS 1000.00

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	875.22	382.76	1470.34	2728.00

BETALINGS MOET OP OF VOOR DIE VERVALDATUM GEMAAK WORD	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/11/2022	2728.00

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

NEDBANK
MOSSEL BAY MUNICIPALITY
Rekening nr. - 1134644809
Takkode 198765
Verwys. Nr.: 860059120016

EasyPay >>>>>9152686005912001 69

11379 860059120016

pay@

Message / Boodskap

VOORAFBETAALDE ELEKTRISITEIT KLIENTE NEEM ASSEBLIEF KENNIS:

Die Munisipaliteit is in die proses om huis besoeke te doen, ten einde die basis datum van alle Munsipale voorafbetaalde elektrisiteitsmeters aan te pas

Die industrie (wereldwyd) gaan tans deur 'n verpligte opgraderingsfase en die aanpassing word gedoen om te verseker dat die meters in 'n werkende toestand bly

Die Munisipaliteit se kontrakteur, Utilities World is verantwoordelik vir die uitvoering van hierdie opgraderings

Die kontrakteurs is in besit van ID kaarte en magtigingsbriewe vir verifikasie doeleindes.

Vou en skeur af

SOUTH AFRICA
Permit Mail
P4010395

Mossel Bay
MUNICIPALITY

BYLSMA B & HM
POSBUS 10732
DANABAAI
6510

860059120016

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

Fold and tear on perforation

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000548237

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. * 0 6 1 6 8 7 1 9 6 6 — Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * michellebylsma3@gmail.com — If possible, please provide a personal email, not a company email.

Title * Mrs Initials * M Surname * BYLSMA

Street 76A AALWYN WEG City

Suburb Area Code DANABAAI

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 * 25-06-2025

Date of Implant * 19-06-2025

Was the Microchip implanted by this veterinary practice? ☒ Yes No

Name of Vet who implanted the Chip KAY LEWERS

PET DETAILS

Pet Name SENKA Date of birth 2025

Species * CANINE Breed * COLLIE X

Colour BROWN 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

Sam

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): Michelle Bylsma.

HOME ADDRESS: 76 A. Aalwyn weg, Danabaai. Mosselbaai. ID NO.: 8612020098087.

POSTAL ADDRESS: 76 A. Aalwynweg, Danabaai.

TEL NO (H): 067 8530244. (B):

CELL NO: ~~0~~ 061 6871966 FAX NO: N.V.T.

EMAIL: michellebylsma3@gmail.com.

Address where animal will be kept: 76 A. Aalwynweg, Danabaai, Mosselbaai.

Occupation: Huisvrou.

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

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

Reason for wanting animal: Too give love and care.

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? X breed.

Can you afford private fees? Ja Who is your vet? Vital Vet.

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 5 voëls

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

Are all your animals sterilised? Give details No.

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? N.V.T.

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

Full description of the fencing and gate: N.V.T. Height: N.V.T.

What shelter is provided: OUTDOORS KENNEL OTHER House.

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

Pre Home Inspection Fee: R100.00 Receipt No: MBY 7063

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 Bylsma **Date of application** 13/06/25

MY OWNER

NAME	Michelle Bylsma
POSTAL ADDRESS	
STREET ADDRESS	76A Aalwyn Weg,
	Danabaai
HOME PHONE	
WORK PHONE	
CELLPHONE	061 6871966
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	AFRICANUS/COLLIE
COLOUR	BROWN
SEX	MALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000548237
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
05/05/25	Batch: A240801 Exp.: 01-2027 + milpro	AWA
02/06/25	02151812A 04-FEB-2026 + milpro	AWA
19/06/25	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F48436 Ut. av./Exp.: 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	

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 (isoqinoline) 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

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	KM 29-Ward 12			ADMISSION No.	MBY6092	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	08/04/25		Time in	15:48	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	X Yes / No	Lost & Found Date checked	08/04/25
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	08/04/25	Microchip or ID Tag number	

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)			
Breed	Africanus		Colour and Markings	Brown	
Condition	Fair		Sex	♂	Age ± 4 weeks
Temperament	Fair		Sterilisation details	NO	Name
Coat Short	Tail long	Teeth Condition Fair	Ears	Down	Size small
Area found / collected from		Yo Slow			Date 08/04/25
Reason for surrender	Unwanted				

ASSESSMENT		
GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		
Run Away		
COMMENTS:		

Surrendered by / Found by	X	Name	Ayandiswa Mona
Residential Address	19789 ASAZANI		
	OO Slow / WARD 12		
Postal Address	N/A		
Tel (H) N/A	Tel (W) N/A	Cell 0797602138	
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: THEMBA

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 Refer to MB/5837	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: _____