ADOPTION CHECKLIST

ADMISSION NO: MBY 6376

CONTRACT NO: MA0050

- [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 Done 10 June 2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 25/06/25 992003000548381

Adoptee INFO:

Name & Surname Frédéric André Favre

Contact INFO: 0766420716

Completed by: _____ Date: 17/06/2025

Manager: _____ Date: 17/06/2025

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

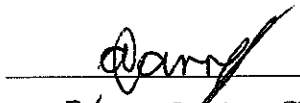
1. **Spouse Details**
   - Full Name: Frédéric Anré Farre
   - Contact Number: 0766420716
   - Email Address: anrefarre@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Juan Armand Farre
   - Contact Number: 064 904 1234
   - Email Address: farrearmand@gmail.com

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? May 2025
   - Where? SPCA Mosselbaai
   - What animal did you adopt? Cat

1. **Adoption Contract Acknowledgment**

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

Signature: 

Date: 17-06-2025

TLo.

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): Mr. Frédéric André Farre

HOME ADDRESS: 32B Steinberg St, Island View, Mosselbaai ID NO.: 0210015145084

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0766420716 FAX NO:

EMAIL: anrefarre@gmail.com

Address where animal will be kept: 32B Steinberg St.

Occupation: Engineer

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

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

Reason for wanting animal: Want a friend for my other cat

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? Ginger Cat

Can you afford private fees? Yes Who is your vet? Strandloper Veearts

How many animals live on the property? DOGS? 0 CATS? 1 OTHERS 0

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? ____ CATS? 1 OTHER? ____

Which animals do you still have, and what happened to the others? 1 ginger Cat

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

Full description of the fencing and gate: Cement Height: 1,8 m

What shelter is provided: OUTDOORS ____ KENNEL ____ OTHER ____

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

Pre Home Inspection Fee: ____ Receipt No: ____

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 [signature] **Date of application** 05-06-2

ADMISSION NO MBY6376

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 17/06/25 TIME: 12:00

NAME OF APPLICANT: Frédéric Anne Larne

ADDRESS: 322 Steinberg Str Island View

HOME TEL No: _____ CELL No: 076 642 0716

ANIMAL(S) ADOPTING: Cat - ginger

SEX: Female AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Fibrecrete 1.5m 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?	
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	DSH				
CONDITION	Good				
WELFARE (good?)	good				
SEX & AGE	male adult	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Property is not fenced at the front, Property is fenced at the back and side

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ **CATS** ☐ **SMALL DOGS**

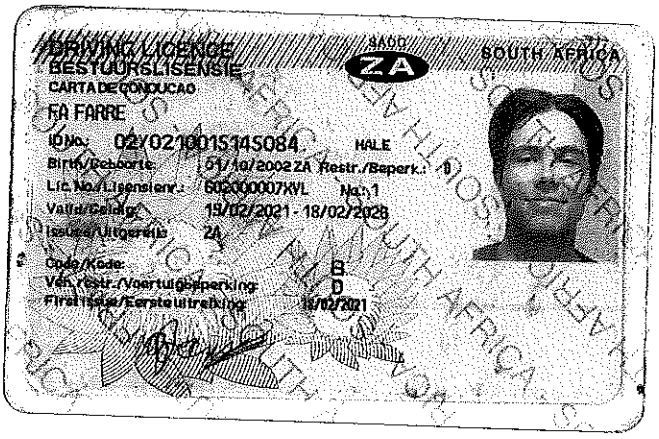
☐ **MEDIUM DOGS** ☐ **LARGE DOGS**

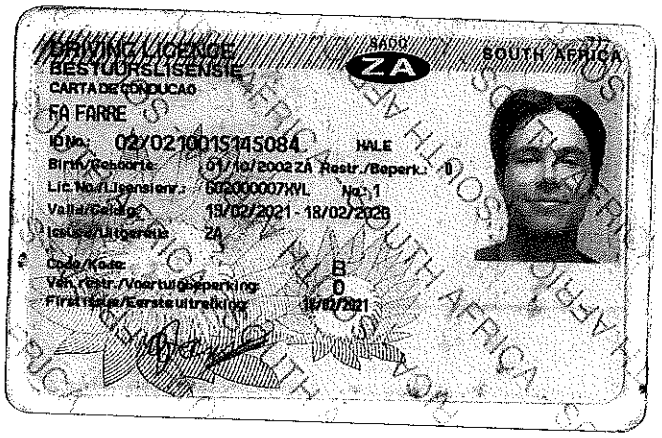
INSPECTED BY: KWF **SPCA:** Nasselsvlei **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE


DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO
SADC
ZA
SOUTH AFRICA
FA FARRE
ID No.: 02/02100151145084
HALE
Birth/Geboorte: 01/10/2002 ZA
Restr./Beperk.: 0
Lic.No./Lisensienr.: 602000007KVL
No.: 1
Valid/Geldig: 19/02/2021 - 18/02/2026
Issued/Uitgereik: ZA
Code/Kode: B
Ven./Restr./Voertuigbeperking: D
First Issue/Eerste uitreiking: 19/02/2021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CARTA DE CONDUCAO
SADC
ZA
SOUTH AFRICA
FA FARRE
ID No.: 02/02100151145084
HALE
Birth/Geboorte: 01/10/2002 ZA
Restr./Beperk.: 0
Lic.No./Lisensienr.: 602000007KVL
No.: 1
Valid/Geldig: 19/02/2021 - 18/02/2026
Issued/Uitgereik: ZA
Code/Kode: B
Ven./Restr./Voertuigbeperking: 0
First Issue/Eerste uitreiking: 19/02/2021

Mossel Bay MUNICIPALITY

MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	52-019110-003-0
DATE OF ACCOUNT:	24/02/2025
LAST RECEIPT DATE:	21/02/2025
PREPAID METER NUMBER:	07603194445

VAT REG. NO.
Name:
FARRE FA
Street Address:
128 STEENBERGSTRAAT ELAND VIEW
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT	ERF NUMBER	TOTAL VALUATION	WARD No
1110.00	19110000/002	1650000	7

DATE	DETAILS		AMOUNT
	B/F BALANCE		1681.81
17/02/2025	ACB3593569RECEIPTS		273.27-
17/02/2025	ACB3593567RECEIPTS		521.93-
17/02/2025	ACB3593570RECEIPTS		451.54-
17/02/2025	ACB3593568RECEIPTS		299.64-
17/02/2025	ACB3593566RECEIPTS		335.43-
20/02/2025	07603194444ELECTRICITY		
20/02/2025	14495694467ELECTRICITY		451.54 *
	BASIC	392.65	
	VAT/BTW	58.89	273.27 *
20/02/2025	AMR1217363WATER 17/12/2024-20/01/2025		
	197 - 202 (5 Kl 34 Days)		
	BASIC	237.63	
	07/24 5.00 @ 0.000 =	0.00	
	VAT/BTW	35.64	
20/02/2025 300007	REFUSE		299.64 *
20/02/2025 400007	SEWERAGE		335.43 *
20/02/2025	RATES INSTALLMENT		521.93
	Balance Carried Forward		0.81-
	VAT ON '*' ITEMS: 177.36 ACB TOT:	1881.81-	

UNROUTED PAYMENT 1881.81

CREDIT	60 DAYS	30 DAYS	CURRENT	
0.00	0.00	0.00	1881.81	1881.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	17/03/2025	1881.00

VAT No. / BTW Nr. 4630118370

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

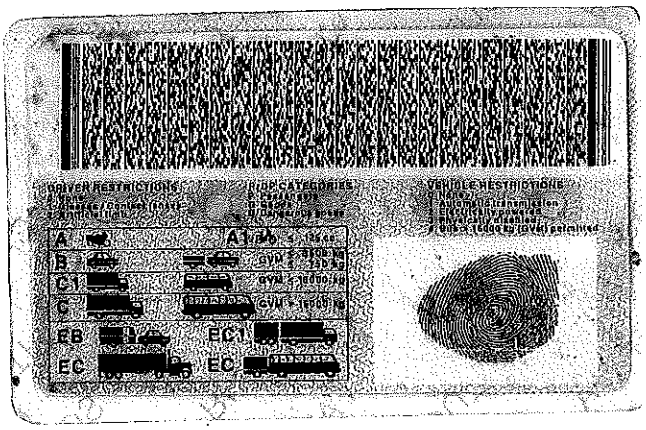
Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 520191100030

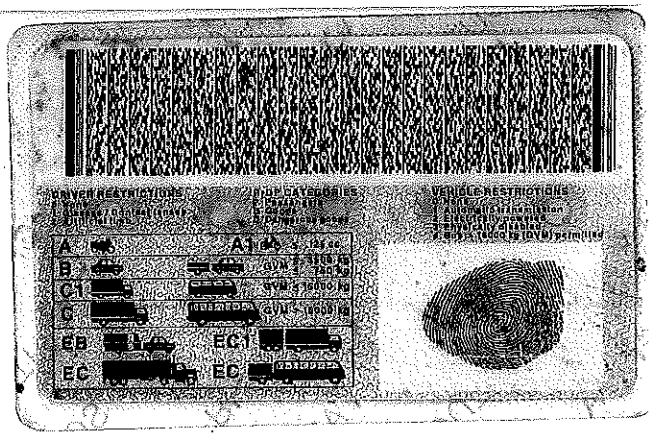
EasyPay >>>>>91626520191100030 7

pay@ 11379 520191100030

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.


DRIVER RESTRICTIONS
PROVISIONAL LICENCE
VEHICLE RESTRICTIONS
A
A1
B
C1
C
EB
EC1
EC


DRIVER RESTRICTIONS
PROVISIONAL LICENCE
VEHICLE RESTRICTIONS
A
A1
B
C1
C
EB
EC1
EC

9920030005483 81 MBY 6376
~~9920030004867 97~~ ADMISSION NO ~~MBY 5975~~

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 21/04/25 TIME: 0824

NAME OF APPLICANT: Mieke Farre

ADDRESS: 32 B. Steinberg Str.
Mosselbay

HOME TEL No: _____ CELL No: 0766420716

ANIMAL(S) ADOPTING: Dell. Ginger

SEX: Male AGE: ± 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wire mesh 1,5		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: Kurt **SPCA:** Mosselbay **SIGNATURE:** _____

POST HOME INSPECTIONS

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

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICRO

992003000548381

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. * 0766420716

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

E-mail * anrefarre@gmail.com

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

Title * MR Initials * FA Surname * FARRE

Street 32B STEINBERG City

Suburb Area Code ISLAND VIEW

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 * 11-06-2025

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name JINX Date of birth 2025

Species * FELINE Breed * DSH

Colour GINGER Markings

Gender Male X 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

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

Loaded

KENNEL No.	SB1 C5			ADMISSION No.	MBY6376	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	14/5/25	NA	Time in		Date for release	NA

IDENTIFICATION & LOST AND FOUND			Lost & Found checked		Yes / No	Lost & Found Date checked	None
Microchip/Collar or ID tag found		Yes / No	Date scanned or checked	None		Microchip or ID Tag number	None

DESCRIPTION & HISTORY					
Dog	Cat X	Other species (Specify)			
Breed	DSH		Colour and Markings	Ginger White	
Condition	Fair		Sex ♀		Age 1 - 4 months
Temperament	Fair		Sterilisation details	None	Name
Coat Short	Tail long	Teeth Condition Fair	Ears up		Size Small
Area found / collected from	Ext 13				Date 14/5/25
Reason for surrender	unwanted can't afford				

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	R. Brand.
Residential Address	28 John Brown Street		
	N/A Bay		
Postal Address	6506		
Tel (H) None	Tel (W) None		Cell
Email None			
Donation R None	Cash	Card	EFT (Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None 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	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

MY OWNER

NAME	Frédéric André Farre
POSTAL ADDRESS	
STREET ADDRESS	32 B Steinberg Street,
	Island View
HOME PHONE	
WORK PHONE	
CELLPHONE	0766420716
BREEDER DETAILS	

ME

SPECIES	FELINE
BREED	DSH
COLOUR	GINGER & WHITE
SEX	FEMALE
DATE OF BIRTH	2025
MICROCHIP/TATTOO	992003000548381
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
20/06/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
16/05/25	Nobivac + Milpro	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	
	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