ADOPTION CHECKLIST

ADMISSION NO: MBY 6485

CONTRACT NO: MA0056

- [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 26/06/2025.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548234

Adoptee INFO:

Name & Surname Debbie Oosthuizen

Contact INFO: 064 652 6701

Completed by: [signature] Date: 27/06/25.

Manager: [signature] Date: 27/06/25

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: _____
   - Contact Number: _____
   - Email Address: _____

2. **Additional Family Member/Friend Details**
   - Full Name: Heidi Schlechter
   - Contact Number: 072 297 4689
   - Email Address: heidi.dehan@gmail.com

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

1. **Adoption Contract Acknowledgment**

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

Signature: _____

Date: 27.06.2025

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien [illegible]dres verander het, of indien besonderhede van u huidige a[illegible] straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek- distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particu[illegible]your present address, e.g. name of street and/or street numb[illegible]ve been changed, the NOTICE OF CHANGE OF ADDRESS [illegible]the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest [illegible]ge district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 801007 0025 08 6

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
OOSTHUIZEN

VOORNAME/FORENAMES
DEBBIE

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1980-10-07

DATUM UITGEREIK
DATE ISSUED
2009-09-09

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	58-012528-054-2
DATUM VAN REKENING:	24/06/2025
LAASTE KWITANSIE DATUM:	24/06/2025
VOORAFBETAALDE METERNOMMER:	04140049364

BTW REG. NO.
Naam:
OOSTHUIZEN D
Liggingsadres:
2 JODILAHOF MOSSELBAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
860.00	12528000/001	0	8

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				924.17
20/06/2025	0414004936ELEKTRISITEIT 24/05/2025-16/06/2025				338.65 *
	BASIES			294.48	
	VAT/BTW			44.17	
20/06/2025	95974 WATER 24/04/2025-23/05/2025				332.39 *
	3543 - 3554 (11 Kl 29 Dae)				
	BASIES			237.63	
	07/24	5.72 @	0.000 =	0.00	
	.	5.28 @	9.737 =	51.41	
	VAT/BTW			43.35	
20/06/2025	300008 VULLIS				299.64 *
	KWITANSIES				1000.00-
	Balans Oorgedra				0.85-

BTW OP '*' ITEMS: 126.60 ACB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	AMOUNT DUE
0.00	0.00	0.00	894.85	894.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/07/2025	894.00

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. 580125280542

EasyPay >>>>>9152658012528054 28

pay@ 11379 580125280542

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

OOSTHUIZEN D
JODILAHOF 2
MOSSELBAAI
6506

58-012528-054-2

Fold and tear on perforation.

Stoffel.

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): Debbie Oosthuizen

HOME ADDRESS: 72B Montagustraat, Jodila no 2,

Mosselbaai ID NO.: 801007 0025 086

POSTAL ADDRESS: — dieselfde as adres

TEL NO (H): — (B): 044-690 8385

CELL NO: ~~083~~ 064 652 6701 FAX NO:

EMAIL: debs8010@gmail.com

Address where animal will be kept: As above.

Occupation: Admin Klerk

Do you own or rent your property: NO Do you have consent from owner / Body Corporate? Yes

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

Reason for wanting animal: Cat 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? Long haired cat

Can you afford private fees? Yes Who is your vet? Dr Stander.

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

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

Are all your animals sterilised? Give details NA

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? cancer -

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

Full description of the fencing and gate: N/A Height: N/A

What shelter is provided: OUTDOORS KENNEL OTHER indoor

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

Pre Home Inspection Fee: R100 Receipt No: 7072.

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** 20.06.202

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER
992003000548234

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. * 0646526701 Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * debs8010@gmail.com If possible, please provide a personal email, not a company email.

Title * MRS Initials * D Surname * OOSTHUIZEN

Street 12B MONTAGUSTRAAT City

Suburb JOOLA 2 Area Code MOSSELBAAI

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 - 06 - 2025

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name GIZMO Date of birth 2025

Species * FELINE Breed * DLH

Colour BLACK + WHITE Markings

Gender ✝ 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

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	C4			ADMISSION No.	LOADED MBY6485	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	13/6/25		Time in	9 30	Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	X Yes / No	Lost & Found Date checked	13/06/25
Microchip/Collar or ID tag found	X Yes / No	Date scanned or checked	13/06/25	Microchip or ID Tag number	NONE

DESCRIPTION & HISTORY

Dog	Cat ✓	Other species (Specify)	160km
Breed	Taxsch DX14	Colour and Markings	Black/White.
Condition	Good	Sex ♂	Age
Temperament	Good	Sterilisation details N.10	Name
Coat S	Tail ↓ Teeth Condition	Ears Up.	Size Juv.
Area found / collected from	G. Bok		Date 13/6/25
Reason for surrender	Too many		

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	S Jacobs		
Residential Address	23 Sluicebloem Jakkalsvlei				
Postal Address	N/A				
Tel (H) N/A	Tel (W) N/A	Cell 0725444237			
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: Marcia

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

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

MY OWNER

NAME	Debbie Oosthuizen
POSTAL ADDRESS	
STREET ADDRESS	72 B Montagustraat, Jodila nr 2, Mosselbaai
HOME PHONE	
WORK PHONE	
CELLPHONE	064 652 6701
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DWH
COLOUR	Black & White
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTO	992003000548234
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
15/07/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/06/25	Nobivac® HCPCh 02071465C Exp. 02-JAN-2026 + milpro + RAB IS (K)	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!

9920030005 48234. ADMISSION NO MBV 6485

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 21-6-25 TIME: 9:40

NAME OF APPLICANT: Debbie Oosthuizel

ADDRESS: 72 B, 2 Dodilda, Montagu Street, Mosselbay

HOME TEL No: CELL No: 0646526701

ANIMAL(S) ADOPTING: Cat - Tuxedo DLH

SEX: Male AGE: ± 5 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brick wall		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?)	No	Animals			
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great Flat with balcony.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Lucian SPCA: Mosselbay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE