ADOPTION CHECKLIST

ADMISSION NO: MBY 5980

CONTRACT NO: MA0061

- [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 04/07/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548230 11/07/25

Adoptee INFO:

Name & Surname Michelle Coetzer

Contact INFO: 071 841 1858

Completed by: [signature] Date: 04/07/2025

Manager: [signature] Date: 04/07/2025

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.

M A0061

992003000548230 ADMISSION NO MBY 5980

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 3-7-25 TIME: 11:15

NAME OF APPLICANT: Michelle Coetzer

ADDRESS: Plaas Heimat, LK 22 Leeukloof, Mosselbaai

HOME TEL No: CELL No: 071 841 858

ANIMAL(S) ADOPTING: Cat - Ginger

SEX: Male AGE: ± 4 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Meshwire		Suitability of fence (i.e. small pets can't escape): 2m	
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?	4

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Collie	Lab	DSH		
CONDITION	good	good	good		
WELFARE (good?)	good	good	good		
SEX & AGE	♂ / 1 year	♂ / 11yrs	♂ 17yrs	1	1
STERILISED	YES ☑ / NO ☐	YES ☑ / NO ☑	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great Home farm oriented

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ CATS
- ☐ SMALL DOGS
- ☐ MEDIUM DOGS
- ☐ LARGE DOGS

INSPECTED BY: SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. CB2 C3 (2				ADMISSION No. MBY5980 (copied)		
Stray	Surrender X	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 26/03/25			Time in 14:01	Date for release		

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	X Yes / No	Lost & Found Date checked	26/03/25
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	26/03/25	Microchip or ID Tag number			

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)			
Breed	DSH		Colour and Markings	Dark ginger	
Condition	Fair		Sex ♂	Age 1 & weeks	
Temperament	Good		Sterilisation details NO	Name	
Coat Short	Tail long	Teeth Condition Fair	Ears Pricked	Size Small	
Area found / collected from	Friemersheim			Date 26/03/25	
Reason for surrender	Owner 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 X / Found by	Name	Luan Nortjie		
Residential Address	4 Heid singel Friemersheim			
Postal Address	N/A			
Tel (H) N/A	Tel (W) N/A	Cell 0603003551		
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: Bho

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 **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 MBY 5874	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: _____

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000548230

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 * FR 14 / 13019.

Vet Practice Name * SPCA Vetroom Mosselbay

Vet Practice Phone - Daytime * 044 6930824.

PET OWNER INFORMATION

Cell No. * 0718411858

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

E-mail * michellecoetzer0@gmail.com

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

Title * MRS Initials * M Surname * COETZER

Street PLAAS HEIMAT LK22 City

Suburb LEEUKLOOF 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 * 11 · 07 · 2025

Date of Implant * 04 · 07 · 2025

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip

PET DETAILS

Pet Name TOM Date of birth 2025

Species * FELINE Breed * DSH

Colour GINGER 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

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
16/04/25	Milpro		
20/05/25	Milpro		
17/06/25	Milpro		

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS.

NOTE TO MY OWNER

Regular vaccinations as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 03/07/2025.

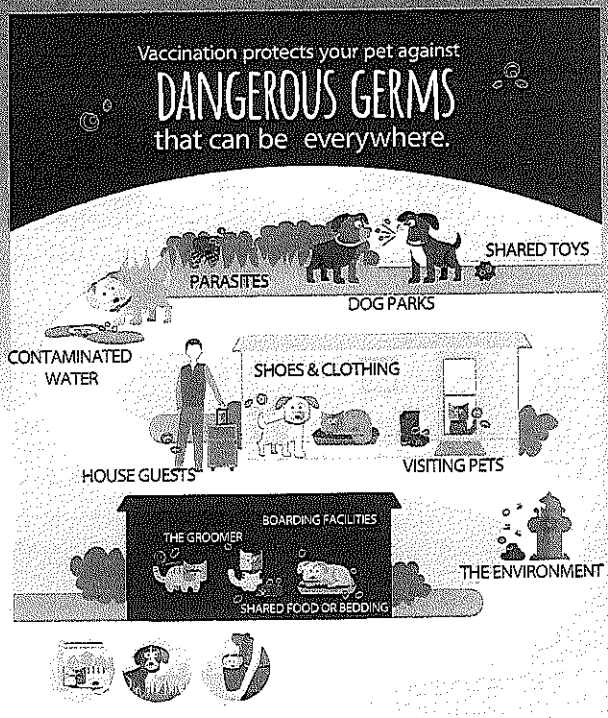
DOCTOR'S NAME Dr A-S. Muller.

Garden Route SPCA
P.O. Box [illegible]
George, 6530
Ph (044) 693 - 0824
PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours
Monday and Friday: 09:00-16:00
Wednesday: Closed
Tuesday and Thursday: 09:00-16:00
Saturday: 09:00 -11:00

Tom Guide.
MBY 5980

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 Michelle Coetzer

HOME ADDRESS: Plaas Heimat LK 22 Leeukloof

Mosselbaai 6500 ID NO.: 7301100469084

POSTAL ADDRESS: 1 -

TEL NO (H): 071 841 1858 (B):

CELL NO: 071 841 1858 FAX NO:

EMAIL: michelle.coetzer@gmail.com

Address where animal will be kept: Plaas Heimat LK 22 Leekloof

Occupation: Eienaar van Lions Creek Valley Boutique Distillery

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

Are you a student with consent to keep pets:

Reason for wanting animal: onder kabbe is al bietjie oud

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? nie noodwendig

Can you afford private fees? yes Who is your vet? Diere kliniek

How many animals live on the property? DOGS? 3 CATS? 2 OTHERS fish

What are the sexes of your animals? DOGS: Male 1 Female 2 CATS: Male 1 Female 1

Are all your animals sterilised? Give details yes

How many dogs and cats have you owned in the last 3 years? DOGS? 3 CATS? 2 OTHER? fish

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

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

Full description of the fencing and gate: draad heining Height: 1.2 m

What shelter is provided: OUTDOORS KENNEL 1 outside OTHER kabbe in die huis / honde en

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

Pre Home Inspection Fee: R100 Receipt No: 7105

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 MCoetzer **Date of application** 31 - 07 - 20

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Jacob Coetzer
   - Contact Number: 074 203 6747
   - Email Address: jcoetzer.ovi@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Franco Coetzee
   - Contact Number: 083 340 6875
   - Email Address: CoetzerFranco@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: 4/7/2025

TRUWORTHS

MRS M COETZER
VAALKOM PART 1 58
FARM HEIMAT LEEUKLOOF
6506

DATE: 12 Jun 2025	
BILLING PERIOD: 12 May 2025 - 12 Jun 2025	
YOUR ACCOUNT NUMBER	
10101114344086	
ACCOUNT LIMIT	YOU CAN BUY FOR
R 12700.00	R 12700.97
ARREARS	INSTALLMENT
R 0.00	R 0.00

Your amount due is
R 0.00

Statements are accepted as correct unless queried in 60 days.

YOUR BALANCE BROUGHT FORWARD **R 4166.03**

DATE	TRANSACTIONS		DEBITS/CREDITS
13 May 2025	1035722	Payment	1000.00 CR
03 June 2025	1025850	Payment	3167.00 CR
		6 MONTHS INTEREST FREE Closing Plan Balance	-0.97
		6 MONTH INTEREST FREE Closing Plan Balance	0.00
		BALANCE AS AT 12 JUNE 2025	**R -0.97**

PAYMENT DUE DATE: 06 July 2025 **AMOUNT DUE** **R 0.00**

From the 30/05/2025 interest, if applicable, is charged at 25.95% p.a.

CONTACT US	HOW TO PAY YOUR ACCOUNT
T: +27 21 460 2300	1. **Pay Online** with a debit or credit card OR with your savings or credit

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
COETZER
Names:
MICHELLÉ SAMANTHE
Sex:
F
Nationality:
RSA
Identity Number:
7301100469084
Date of Birth:
10 JAN 1973
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Conditions:

This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
28 JUN 2016

RSA

102355618