ADOPTION CHECKLIST

ADMISSION NO: MBY6638

CONTRACT NO: MA0064

- [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 End August
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548259

Adoptee INFO:

Name & Surname Monique Nel

Contact INFO: 0683492939

Completed by: _____ Date: 08/07/2025

Manager: _____ Date: 08/07/2025

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.

MA0064

ADMISSION NO MBY 6638

9920030005482'59

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 7.7.25 TIME: 11:36

NAME OF APPLICANT: M. DEK

ADDRESS: 10 BAKHOUT STR, HARTENBOS

HOME TEL No: _____ CELL No: 0683492939

ANIMAL(S) ADOPTING: DSH

SEX: _____ AGE: _____

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 2 m		Suitability of fence (i.e. small pets can't escape): Brickwall	
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?	WALL
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	Burchor				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	♀ / Boys	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Luano Bayi SPCA: Mosselbay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Nurdie 6638

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 M Nel

HOME ADDRESS: 10 Hopest Bakhaut Sheet

ID NO.: 7701060141088

POSTAL ADDRESS: 10 Bakhaut Sheet

TEL NO (H): (B):

CELL NO: 068 349 2939 FAX NO:

EMAIL: moniqyehaine17@gmail.com

Address where animal will be kept: 10 Bakhaut Sheet

Occupation: Unemployed (housewife)

Do you own or rent your property: rent 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? tabby

Can you afford private fees? Yes Who is your vet? Hartebose Dierehospit

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

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

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? one dog en cat died of age

Is your property fenced and has a proper gate? flat Will you chain/ an animal?

Full description of the fencing and gate: flat Height:

What shelter is provided: OUTDOORS KENNEL OTHER indoors

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

Pre Home Inspection Fee: R100 Receipt No: 7129

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** 04/07/2025

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROC

992003000548259

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 8 3 4 9 2 9 3 9

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

E-mail * moniquefourie17@gmail.com

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

Title * M R S Initials * M Surname * F O U R I E

Street 1 0 B A K H O U T S T R E E T City

Suburb Area Code M O S S E L B A Y

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 * - -

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip

PET DETAILS

Pet Name Date of birth

Species * F E L I N E Breed * D S H

Colour T A B B Y Markings

Gender Male X Female Sterilised Yes X 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 hereunder 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

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. ~~MBW~~ MA0064 DATE: 08/07/2025

between MOSSELBAY SPCA

and

Name Monique Nel

Address 10 Bakhout Street Hartenbos

Telephone Numbers (H) 068 349 2939 (B)

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name Sex Female Age

Description Tabby

On (due date) End August Adoption Form No. MA0064

on the understanding that you will arrange to have this done at the Masselbay SPCA Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society **reserves the right to confiscate** the animal and **NO MONEY WILL BE REFUNDED.** The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

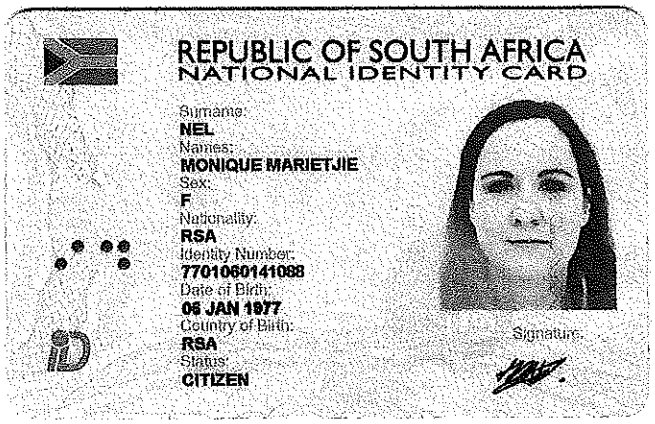
I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
NEL
Names:
MONIQUE MARIETJIE
Sex:
F
Nationality:
RSA
Identity Number:
7701060141088
Date of Birth:
06 JAN 1977
Country of Birth:
RSA
Status:
CITIZEN

Signature:

LEASE ADDENDUM

This document, known as the "addendum", is created this 9th June 2025 shall be added to the lease agreement dated the 2nd February 2024 by and between the Landlord known as GOURITZ Landgoed Edms bpk, 2001-250:015-07, and the Tenant known as Monique Nel. ID 7701060141088 for the leased property located at 10 Bakhoutstreet, City of Hartenbos, State of South Africa.

The aforementioned lease agreement is hereby amended as follows:

Period of lease:

Par.3.1:The period of lease will extend from 31/1/2025 to 31 May 2026

The rest of the content of the lease agreement will stay unchanged as in the original agreement.

Par 4.1 The rent increase from R8000/mnd to R8500/mnd for the next 12 months period. + R226 electricity basic fee = R8726/mnd.

We, Landlord and Tenant, agree to aforementioned amendments to the lease agreement. Any changes made are legally binding upon signature of both parties.

Landlord J Reichert. Tenant _____

Date 9/6/2025 Date 9/6/2025.

M E Reichert

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: A & Nel
   - Contact Number: 082 076 6208
   - Email Address: albertnel@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Bernardo Faire
   - Contact Number: 063 515 6296
   - Email Address: bernardofaire@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: _____

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.

DBV SPCA
Garden Route

KENNEL No. CB.2. CB				ADMISSION No. MBY6638		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	Yes / No	Lost & Found Date checked	02/06/20
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	02/06/25	Microchip or ID Tag number	None		

DESCRIPTION & HISTORY

Dog	Cat		Other species (Specify)	B/I.	
Breed	NSM		Colour and Markings	Tabby.	
Condition	Thin		Sex	F	Age 1 - 1 years
Temperament	Friendly		Sterilisation details	No	Name
Coat	S	Tail	Teeth Condition Poor	Ears Pricked	Size S.
Area found / collected from	Stella				Date 02/06/25
Reason for surrender	Surrender				

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	Nande Jack
Residential Address	BAG Endlovini.	
	Stella.	
Postal Address	No postal.	
Tel (H) No Home	Tel (W) No work	Cell 0635192042.
Email	No email.	
Donation R None	Cash	Card	EFT	(Receipt No.) None

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

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 MBY 6.1.27	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

GARDEN ROUTE SPCA MOSSELBAY			
DATE	27/06/25	ANIMAL NAME	Munchie!
KENNEL NUMBER	C3	BREED	DSH
CARD NUMBER	MBY 6638	STERILIZED	NO
COLOUR	Tabby Black + White	MALE/FEMALE	Female
VACCINATED	yes	AGE	± 8 weeks
PROOF OF VACC	yellow card	STRAY/SURRENDER	SURRENDER

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	0.75 kg		
TEMPERATURE	38.3		
EARS	NAD		
EYES	NAD		
TEETH	NAD		
NOSE	NAD		
LUNGS	NAD		
HEART	NAD		
ABDOMEN	NAD		
HIPS	NAD		
SKIN AND COAT	NAD		
FIT FOR ADOPTION	YES	NO	

ADDITIONAL COMMENTS

Highly adoptable.

MY OWNER

NAME	Monique Nel
POSTAL ADDRESS	
STREET ADDRESS	10 Bakhout Street
HOME PHONE	
WORK PHONE	
CELLPHONE	068 349 2939
BREEDER DETAILS	

ME

SPECIES	FELINE
BREED	DSH
COLOUR	TABBY
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000548259
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
25/08/2025		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
27/06/25	Nobivac 1-HCPCh 37625 R2 Ser. 02071465C Exp. 02-JAN-2026 + Milpro MSD Animal Health	[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	

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 (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.