ADOPTION CHECKLIST

ADMISSION NO: MBY 6885

CONTRACT NO: MA 0070

- [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 24/07/2025.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548294

Adoptee INFO:

Name & Surname Mev. S. Oosthuizen

Contact INFO: 081 798 3394

Completed by: _____ Date: 25/07/25

Manager: _____ Date: 25/07/25

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.

MA 0070

9920030005482 94. ADMISSION NO MBY 6885

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 17/07/25 TIME: 15:58

NAME OF APPLICANT: Mev S. Oosthuizen

ADDRESS: 19 Cecil Sheppard Str, Linkside

HOME TEL No: _____ CELL No: 081 798 3394

ANIMAL(S) ADOPTING: Collie X Maltese

SEX: Female AGE: 10 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Vibracrete 1.5 meter		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	African				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	Female / 3 years	/	/	/	/
STERILISED	YES ☐ / NO ☒	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Dog or Property must be sterilized.

*** Placed on hold

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: KVC SPCA: Hossel Bay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

~~B5~~ K34 Looped

DBV SPCA
Garden Route

KENNEL No. ~~K/F/SD~~ T4 ~~C855~~				ADMISSION No. MBY6885		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	25/06/25		Time in	16:45	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	25/06/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	25/06/25	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Maltese X	Colour and Markings	Brown spot on head Cream + white	
Condition	Fair	Sex	♀	Age 5weeks
Temperament	Good	Sterilisation details	NO	Name
Coat Short	Tail long / Teeth Condition Fair	Ears	Down	Size Small
Area found / collected from	EXT 26			Date 25/06/25
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 / Found by	X	Name	Wayne Lundon
Residential Address	11 Miller singel EXT 26		
Postal Address	Boplaas		
Tel (H) N/A	Tel (W) N/A	Cell NONE	
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 6489	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	S. Oosthuizen
POSTAL ADDRESS	
STREET ADDRESS	19 Cecil Shepperd Str
	Linkside
HOME PHONE	
WORK PHONE	
CELLPHONE	081 798 3394
BREEDER DETAILS	

ME

SPECIES	MALTESE X COLLIE
BREED	MALTESE X COLLIE
COLOUR	WHITE + BEIGE
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000548294
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
31/7/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
10/7/25	[redacted] Batch: A240A01 Exp.: 12-2026 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.

Tink

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): Mev S Oosthuizen

HOME ADDRESS: 19 Cecil Sheppard Street

Linkside MOSSEL BAAI ID NO.: 5208231280088

POSTAL ADDRESS: SELFDE

TEL NO (H): / (B): /

CELL NO: 081 798 3394 FAX NO: -

EMAIL: oosthuizens@outlook.com

Address where animal will be kept: 19 Cecil sheppard str Mosselbaai

Occupation: Pensionaris

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: COMPANY

Is the animal for yourself? Yes 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 collie / maltese

Can you afford private fees? ~~No~~ Yes Who is your vet? Heiderand

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 No

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

Which animals do you still have, and what happened to the others? 1 Dog. Died of old age

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

Full description of the fencing and gate: Palisade - steel gate Height: 1,8m

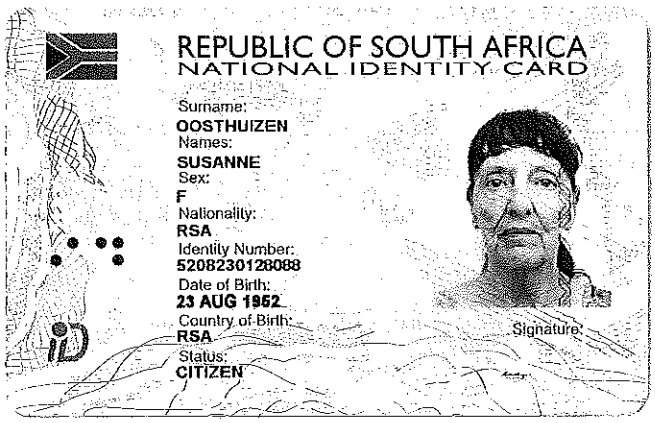
What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER INDOORS

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: 7198

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.

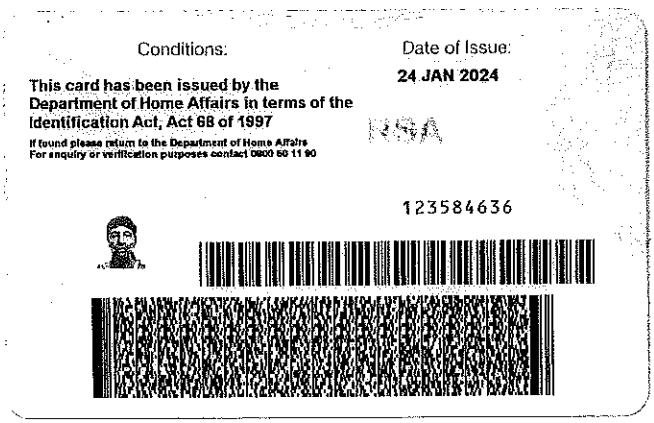
SIGNATURE OF APPLICANT S Oosthuizen **Date of application** 17/7/2025



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
OOSTHUIZEN
Names:
SUSANNE
Sex:
F
Nationality:
RSA
Identity Number:
5208230128088
Date of Birth:
23 AUG 1952
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:
24 JAN 2024

RSA

123584636

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	58-003893-002-8
DATE OF ACCOUNT:	24/06/2025
LAST RECEIPT DATE:	24/06/2025
PREPAID METER NUMBER:	04206492706

VAT REG. NO.
Name:
OOSTHUIZEN S
Street Address:
19 CECIL SHEPHARDSTRAAT MOSSELBAAI
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
150.00	3893000	2250000	8

DATE	DETAILS				AMOUNT
	B/F BALANCE				4115.46
20/06/2025	0420649270 ELECTRICITY				451.54 *
	BASIC			392.65	
	VAT/BTW			58.89	
20/06/2025	AMR1204511 WATER 24/04/2025-26/05/2025				336.99 *
	1038 - 1050 (12 Kl 32 Days)				
	BASIC			237.63	
	07/24	6.31 @	0.000 =	0.00	
		5.69 @	9.737 =	55.41	
	VAT/BTW			43.95	
20/06/2025	400008 SEWERAGE				335.43 *
20/06/2025	300008 REFUSE				299.64 *
20/06/2025	RATES INSTALLMENT				727.28
	RECEIPTS				3565.46-
	AUXILIARY RECEIPTS				550.00-
	Balance Carried Forward				0.88-
	VAT ON '*' ITEMS: 185.67 ACB TOT:			0.00	

CREDIT	60 DAYS	30 DAYS	CURRENT	AMOUNT DUE
0.00	0.00	0.00	2150.88	2150.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	15/07/2025	2150.00

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. 580038930028

EasyPay >>>>>9152658003893000287

payat 11379 580038930028

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
P4010396

Mossel Bay MUNICIPALITY

OOSTHUIZEN S
PO BOX 2009
MOSSEL BAY
6500

58-003893-002-8

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

Vou en skeur af.

Fold and tear on perforation.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000548294

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. * 0817983394 — Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

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

Title * MRS Initials * S Surname * OOSTHUIZEN

Street 19 CECIL SHEPPARD City

Suburb Area Code LINKSIDE

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 * 23 - 07 - 2025

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name Date of birth

Species * CANINE Breed * MALTESE X COLLIE

Colour WHITE + BEIGE 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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Dewald J Oosthuizen
   - Contact Number: 083 647 9859
   - Email Address: dewald.oost@telkomsa.net

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? _____
   - 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: 25/7/2025