ADOPTION CHECKLIST

ADMISSION NO: MBY 7043

CONTRACT NO: MA 0089

- [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 September 2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 14/08/25 992003000548373

Adoptee INFO:

Name & Surname Surine Cotter

Contact INFO: 068 676 4921

Completed by: _____ Date: 04/08/25

Manager: _____ Date: 04/08/25

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	CB6 ~~CB6~~ CB6			ADMISSION No.	MBY7043	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	25/07/25		Time in	09:00	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	☑ Yes ☐ No	Lost & Found Date checked	25/07/25
Microchip/Collar or ID tag found	☐ Yes ☑ No	Date scanned or checked	25/07/25	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	DSH		Colour and Markings	Ginger
Condition	Fair		Sex Male	Age 7 weeks
Temperament	Good		Sterilisation details NO	Name
Coat Short	Tail long	Teeth Condition Fair	Ears up	Size small
Area found / collected from	Collected Mom for sisi, kittens			Date 25/07/25
Reason for surrender	came in on 17/07/25, mom was stalized.			

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	Lynette Steyn			
Residential Address	20 Skool Straat D'Almeida				
Postal Address	N/A				
Tel (H) N/A	Tel (W) N/A	Cell 072 234 8853			
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: Themba

STATEMENT OF SURRENDER

I do hereby certify that (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 MBY2814	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Hulk.

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): Miss Sarine Cotter

HOME ADDRESS: 8 Mossel Laan, Reebok

Groot Brak ID NO.: 9703200114080

POSTAL ADDRESS: " " "

TEL NO (H): 076 154 0306 (B):

CELL NO: 0686764921 FAX NO:

EMAIL: scotter0320@gmail.com

Address where animal will be kept: 8 Mossel laan, Reebok, GrootBrak.

Occupation: Diagnostic Radiographer

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

N.A

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? Any Cat breed.

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

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

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

Are all your animals sterilised? Give details N.A

How many dogs and cats have you owned in the last 3 years? DOGS? 0 CATS? 0 OTHER? 0

Which animals do you still have, and what happened to the others? Never had animals

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

Full description of the fencing and gate: Remote gate, with all around fence. Height: ± 6 ft

What shelter is provided: OUTDOORS X KENNEL X OTHER inside & outside

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: 7679.

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 2/8/25

GARDEN ROUTE SPCA MOSSELBAY			
DATE	29/07/25	ANIMAL NAME	
KENNEL NUMBER	CB 6	BREED	DSH
CARD NUMBER	MBY7043	STERILIZED	NO
COLOUR	Ginger	MALE/FEMALE	MALE
VACCINATED	Yes	AGE	± 8 weeks
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	0.75 kg		
TEMPERATURE	38.4		
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

MY OWNER

NAME	Surine Cotter
POSTAL ADDRESS	
STREET ADDRESS	8 Mossel Laan
	Reebok
HOME PHONE	
WORK PHONE	
CELLPHONE	068 676 4921
BREEDER DETAILS	

ME

SPECIES	FELINE
BREED	DSH
COLOUR	GINGER
SEX	MALE
DATE OF BIRTH	4 June 2025
MICROCHIP/TATTOO	992003000548373
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
26/08/2025		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
29/07/25	02071465C 02-JAN-2026 + Milpro	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

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

Section 4-12a

99200300054837 3

DBV SPCA

ADOPTION No MA0089

ADMISSIO MBY7043

PRE AND POST HOME INSPECTION FORM

PASSED: (YES) / NO DATE UNDERTAKEN: 2-8-25 TIME: 14:08

NAME OF APPLICANT: Surine Cotter

ADDRESS: 8 Mossel Laan, Reebok Groetbrooms

HOME TEL No: _____ CELL No: 068 676 4921

ANIMAL(S) ADOPTING: Male Ginger kitten

SEX: Male AGE: + 8 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Wall		Height of fence: 2m	
Any sign of Kennel/Shelter?	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					
SEX					
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☐ **SMALL DOGS**
- ☒ **MEDIUM DOGS**
- ☐ **LARGE DOGS**
- ☒ **CATS**
- ☐ **EQUINE**
- ☐ **OTHER (specify)** _____

INSPECTED BY: Rebecca Bligh **SPCA:** Mossel Bay **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Simeon Erasmus
   - Contact Number: 076 154 0306
   - Email Address: Simeone00@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Pieter Erasmus
   - Contact Number: 083 357 4787
   - Email Address: _____

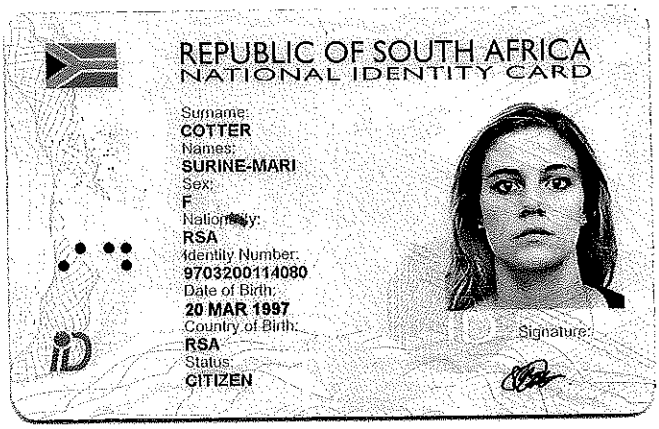
3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/(No))
   - If yes, when? _____
   - Where? _____
   - What animal did you adopt? _____

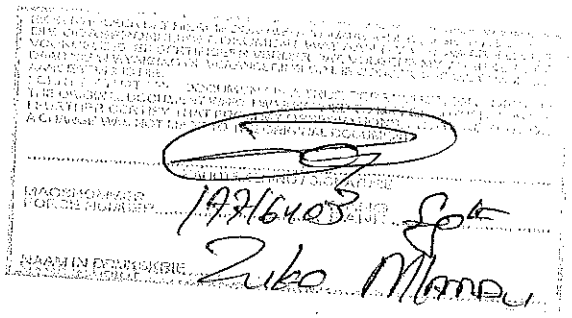
1. **Adoption Contract Acknowledgment**

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

Signature: _____

Date: 7 Aug 25.





SUID-AFRIKAANSE POLISIEDIENS
SAPS BRACKENFELL
2025 -03- 24
SAPS BRACKENFELL
SOUTH AFRICAN POLICE SERVICE

AFFIDAVIT

NAME: Surine-Mari Cotter

ID NR: 9703200114080

TEL: 068 676 4921

RESIDENTIAL ADDRESS: 8 Mossel Avenue, Reebok. Groot Brak

WORK ADDRESS: c/o Alhof & Ryk Tulbach st. Mosselbay. (Life Bayview Hospital)

OCCUPATION: Diagnostic Radiographer

DECLARE UNDER OATH

I hereby declare my current residence is at 8 Mossel Avenue, Grootbrak. Currently my adress is in process, but I need proof of it for the adoption. Update We are adopting a cat from Garden Route SPCA.

S.C
Our ~~renter~~ Landlord of this property is my partners father. No formal contract was typed out.

Landlord:

Mr. Pieter Erasmus

083 357 4787.

I know and understand the contents of this statement.

I have no objection in taking the prescribed oath.

I consider the prescribed oath to be binding on my conscience.

SIGNATURE

I hereby certify that the above statement was taken down by me and that the deponent has declared that he/she is knows and understands the contents of this statement .The signature was put thereon before me and in my presence at GREAT BRAKRIVIER on 6 August 2025 at 08:58

COMMISIONER OF OATH

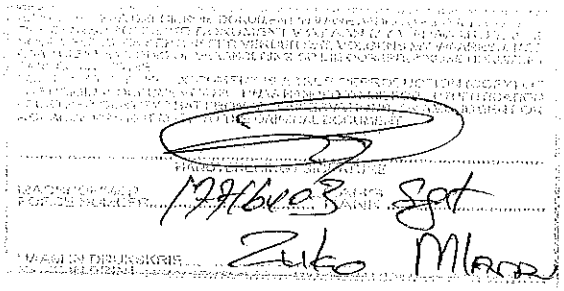
RANK 547

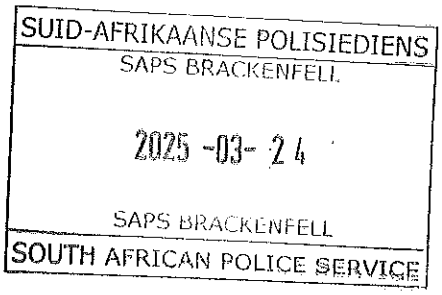
FULLNAMES AND SURNAME

113 LONGSTREET GROOT BRAKRIVIER

SUID-AFRIKAANSE POLISIE DIENS
DISTRIK 94
VISPOL HEAD
GROOT BRAKRIVIER
06 AUG 2025
STATION COMMANDER
GREAT BRAK RIVER
SOUTH AFRICAN POLICE SERVICE


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:
09 MAR 2015
001702201


Sgt
Zuko Mlaba


SUID-AFRIKAANSE POLISIEDIENS
SAPS BRACKENFELL
2025 -03- 24
SAPS BRACKENFELL
SOUTH AFRICAN POLICE SERVICE

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0089 DATE: 07/08/25

scotter0320@gmail.com
MBY 7043

between Mosselbay SPCA

and

Name Surine Cotter

Address 8 Mossel Laan, Reebok

Telephone Numbers (H) 068 676 4921 (B) 076 154 0306

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

Animal's Name Sex Male Age

Description Ginger DSH

On (due date) September Adoption Form No. MA0089

on the understanding that you will arrange to have this done at the Mosselbay 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: _____

BackHome®

Virbac

* COMPULSORY FIELDS
PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

Microchip Number * Vet Copy - Practice Copy

992003000548373

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 * FR14 / 13019.

Vet Practice Name * SPCA vetroom spca garden route

Vet Practice Phone - Daytime * 044 6930824.

PET OWNER INFORMATION

Cell No. * 0686764921 Only mobile numbers in South Africa and Namibia will be receiving SMS notifications.

E-mail * scotter0320@gmail.com

Title * MS Initials * S Surname * COTTER

Street 8 MOSSEL LAAN City

Suburb Area Code REEBOK

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

CHIP DETAILS

Registration Date * 14 - 08 - 2025

Date of Implant * 05 - 08 - 2025

Was the Microchip implanted by this veterinary practice? Yes No

Name of Person who implanted the Chip

PET DETAILS

Pet Name Year of Birth 2025

Species * FELINE Breed * OSH

Colour GINGER Markings

Gender Male X Female Sterilised Yes No X

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registartion 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 he/she consents to its personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____

REGISTRATION PROCESS - Please choose 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 0864 570 463.
3. By e-mail — Scan and E-mail the completed form to backhome@virbac.co.za