ADOPTION CHECKLIST

ADMISSION NO: MB/6918

CONTRACT NO: MA0093

- [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 05/08/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 14/08/25 992003000548372

Adoptee INFO:

Name & Surname Hanlie van Zyl

Contact INFO: 084 528 9733

Completed by: _____ Date: 07/08/25

Manager: _____ Date: 07/08/25

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.

BackHome®

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER * | TOP COPY - Practice Copy

992003000548372

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. * 084 5289733

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

E-mail * jhmvanzyl@gmail.com

Title * MS | Initials * H | Surname * VAN ZYL

Street 2A BOLAND PARK VILLAS | City

Suburb 56 Park Crescent | Area Code BOLAND PARK

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 · 25

Date of Implant * 05 · 08 · 25

Was the Microchip implanted by this veterinary practice? Yes No

Name of Person who implanted the Chip

PET DETAILS

Pet Name LUKA. | Year of Birth 2024

Species * FELINE | Breed * SIAMESE X

Colour CREAM + BLACK | Markings

Gender (Male) Female | Sterilised (Yes) No

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

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. 7501 C83				ADMISSION No. MBY6918 LOADED.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	06/07/25		Time in	09:07	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	X Yes / No	Lost & Found Date checked	06/07/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked		Microchip or ID Tag number	1

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)	F/I		
Breed	DSH	Colour and Markings	White/grey		
Condition	good	Sex	♂	Age	Adult
Temperament	friendly	Sterilisation details		Name	-
Coat short	Tail long	Teeth Condition good	Ears up	Size	med
Area found / collected from	Denlaagi			Date	06/07/25
Reason for surrender	Stray				

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	Heinrich Visser.
Residential Address	78 Heidi Ave Durbanville.		
Postal Address	-		
Tel (H) 044 698 1306	Tel (W)	Cell	none
Email	visser@mweb.co.za		
Donation R none	Cash	Card	EFT	(Receipt No.) none

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: none

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	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: _____

MA0093

ADMISSION NO MB 16918

992003000 54 8372

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 05/08/25 TIME: 10:38

NAME OF APPLICANT: Hanlie van Zyl

ADDRESS: 2 A Boland Park Villas, 56 Park Crescent, Boland Park

HOME TEL No: CELL No: 0845289733

ANIMAL(S) ADOPTING: Siamese X cat

SEX: Male AGE: Young male, ± 1 - 2 yrs

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Complex		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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Play area outside Complex fully fenced

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Kim SPCA: Wellington SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

2. **Additional Family Member/Friend Details**
   - Full Name: Daniel Tomlinson
   - Contact Number: 072 303 3886
   - Email Address: tomlinson.daniel@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: 07/08/2025

MY OWNER

NAME: Hanlie van Zyl

POSTAL ADDRESS:

STREET ADDRESS: 2 A Boland Park Villas

56 Park Crescent, Boland Park

HOME PHONE:

WORK PHONE:

CELLPHONE: 0845289733

BREEDER DETAILS:

ME

SPECIES:

BREED: DSH

COLOUR: White & Grey

SEX: Male

DATE OF BIRTH:

MICROCHIP/TATT: 992003000548372

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
21/01/25	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F48436 Ult. av./Exp.: 27/04-2026; 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

Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on facebook. facebook.com/BravectoSouthAfr

GARDEN ROUTE SPCA MOSSELBAY			
DATE	21/07/2025	ANIMAL NAME	
KENNEL NUMBER	CB3	BREED	Siamese
CARD NUMBER	MBY698	STERILIZED	NO
COLOUR	cream + black	MALE/FEMALE	Male
VACCINATED	Yes	AGE	Adult
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Stray

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	3.90 kg		
TEMPERATURE	37.9		
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

5r+

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): Ms Hanlie van Zyl

HOME ADDRESS: 2A Boland Park Villas, 56 Park Crescent

Boland Park M'Bay ID NO.: 560918 0058 086

POSTAL ADDRESS: As above

TEL NO (H): _____ (B): _____

CELL NO: 084 529 8973 FAX NO: _____

EMAIL: jhmvanzyl@gmail.com

Address where animal will be kept: As above

Occupation: Pensioner

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

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

Reason for wanting animal: Company

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? Siamese X

Can you afford private fees? Yes Who is your vet? Heiderand Dierekliniek

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

What are the sexes of your animals? DOGS: Male 0 Female 0 CATS: Male 0 Female 0

Are all your animals sterilised? Give details Have none

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? Passed 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: Electric fence/wall Height: 6 M

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER ✓ indoors

Have you previously had pets from an SPCA? No Are there children under 10 in your household? None

Pre Home Inspection Fee: R100 Receipt No: 7865

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** 04/08/2025

GEREGISTREERDE WOON- EN POSADRES

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

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. 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 particulars of your present address, e.g. name of street and or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in 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 regional district office of the DEPARTMENT OF HOME AFFAIRS.

I.D.No. 560918 0058 08 6

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

VAN ZYL

VOORNAME/FORENAMES

JOHANNA HENDRINA MARTINA

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1956-09-18

DATUM UITGEREIK
DATE ISSUED

1999-10-20

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:	56-019567-086-9
DATUM VAN REKENING:	23/07/2025
LAASTE KWITANSIE DATUM:	22/07/2025
VOORAFBETAALDE METERNOMMER:	07048481365

BTW REG. NO.
Naam:
VAN ZYL JHM
Liggingsadres:
A2 BOLANDPARK VILLAS BOLANDPARK
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
860.00	49567000/002	500000	10

DATUM	BESONDERHEDE		BEDRAG
	BALANS OORGEBRING		1488.84
22/07/2025 0704848136	ELEKTRISITEIT		496.69 *
	BASIES	431.91	
	VAT/BTW	64.78	
22/07/2025 676010	WATER		300.59 *
22/07/2025 400010	RIOOL		365.61 *
22/07/2025 300010	VULLIS		320.62 *
22/07/2025	BELASTING PAAIEMENT		145.05
	KWITANSIES		1488.00-
	Balans Oorgedra		0.40-
BTW OP '*' ITEMS:	193.48 ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	1629.40	1629.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/08/2025	1629.00

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. 560195670869

EasyPay >>>>>>9152656019567086890

pay@ your payment partner
11379 560195670869

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

VAN ZYL JHM
BOLANDPARK VILLAS A2
BOLANDPARK
MOSSELBAAI
6506

56-019567-086-9

Fold and tear on perforation.