ADOPTION CHECKLIST

ADMISSION NO: MBY5997

CONTRACT NO: MA0100

- [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 12/08/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 16/08/25
- [x] Microchip Registration- chip number 992003000548175

Adoptee INFO:

Name & Surname Kayla Scheepers

Contact INFO: 0731446032.

Completed by: _____ Date: 13/08/25

Manager: _____ Date: 13/08/25

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Jeane van Heerden
   - Contact Number: 064 454 3561
   - Email Address: Jeanevanheerden7@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Werne' van heerden
   - Contact Number: 062 561 3571
   - Email Address: Werne'brand711@gmail.com

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? 11 Years ago
   - Where? spca Krugersdorp
   - What animal did you adopt? cats

1. **Adoption Contract Acknowledgment**

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

Signature: _____

Date: 13/08/2025

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): Kayla Scheepers

HOME ADDRESS: Gansfontein Gouritsmond

ID NO.: 0302130077084

POSTAL ADDRESS: 668

TEL NO (H): — (B): —

CELL NO: 073 144 6032 FAX NO:

EMAIL: Kaylascheepers1216@gmail.com

Address where animal will be kept: Gansfontein

Occupation: Huis vrou

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: For cuddles

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

Can you afford private fees? Yes Who is your vet? — mosselbaai

How many animals live on the property? DOGS? 6 CATS? 5 OTHERS —

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

Are all your animals sterilised? Give details Yes all of them

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 0 OTHER?

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

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

Full description of the fencing and gate: Farm fensing Height: 2 m

What shelter is provided: OUTDOORS — KENNEL OTHER indoor

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

Pre Home Inspection Fee: R100 Receipt No: mby 7894

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 [signature] **Date of application** 07/08/2025

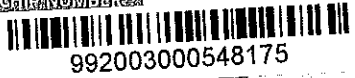
BackHome®

Virbac

* COMPULSORY FIELDS
** PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



Y - Practice Copy

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. * 0731446032 — Only mobile numbers in South Africa and Namibia will be receiving SMS notifications.

E-mail * kaylascheepers121@gmail.com

Title * MRS | Initials * K | Surname * SCHEEPERS

Street PLAAS GANSFONTEIN | City

Suburb | Area Code GOURITSMOND

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 * - -

Date of Implant * 13 · 08 · 2025

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Person who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name | Year of Birth 2025

Species * FELINE | Breed * DSH

Colour TABBY | 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 [illegible]

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. CB5 CS				ADMISSION No. MBY5997		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	07/04/25		Time in	16 00	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	X Yes / No	Lost & Found Date checked	07/04/25
Microchip/Collar or ID tag found	✓ Yes / No	Date scanned or checked	07/04/25	Microchip or ID Tag number	None		

DESCRIPTION & HISTORY

Dog	(Cat)	Other species (Specify)			
Breed	DSH		Colour and Markings	Tabby	
Condition	Fair -		Sex	Female	Age
Temperament	Fair		Sterilisation details	NO	Name Amber
Coat Short	Tail long	Teeth Condition Fair	Ears Pricked		Size Small
Area found / collected from	Mbay				Date 07/04/25
Reason for surrender	Came in 05/04/25 - other people want to injure the cat.				

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	Michael			
Residential Address	151 T Nelana Str. Mossel Bay					
Postal Address	N/A					
Tel (H) N/A	Tel (W) N/A	Cell 0735590394				
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: Wally

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 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 uitdruklik 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.**

ure Refer to MBY6133	Witness for Society
OFFICE USE: PENDING ADOPTION	Details of second Applicant
	Details of third Applicant

ted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

MY OWNER

NAME: Kayla Scheepers

POSTAL ADDRESS:

STREET ADDRESS: Gansfontein

Gouritsmond

HOME PHONE:

WORK PHONE:

CELLPHONE: 073 1446032

BREEDER DETAILS:

ME

SPECIES: FELINE

BREED: DSH

COLOUR: Tabby

SEX: Female

DATE OF BIRTH: 2025

MICROCHIP/TATTOO: 992003000548175

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
08/04/25	Nobivac HCP 0206 5918 12-MAR-2025 + milpro	
20/05/25	Nobivac HCP 02071465C 02-JAN-2026 + milpro	
17/06/25	Nobivac HCP 02071465C 02-JAN-2026 + milpro	
	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.

ADMISSION NO MBY 5997

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 12 - 8 . 25 TIME: 13:15

NAME OF APPLICANT: Kayla Scheepers

ADDRESS: Plaas Gansfontein, Gouritsmond

HOME TEL No: CELL No: 073 144 6032

ANIMAL(S) ADOPTING: Cat

SEX: Female AGE: ± 5 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Farm wire		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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Toypoom				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	♂ / 11.5yrs	/	/	/	/
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: Lumono Bayi SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
SCHEEPERS
Names:
KAYLA
Sex:
F
Nationality:
RSA
Identity Number:
0302130077084
Date of Birth:
13 FEB 2003
Country of Birth:
RSA
Status:
CITIZEN

Signature:

SAQCC GAS
South African Qualification and Certification Committee

Certificate No.:

480117

LP Gas - Domestic

LPGSA

CERTIFICATE OF CONFORMITY FOR GAS INSTALLATIONS: OCCUPATIONAL HEALTH AND SAFETY ACT, 1993 Regulation 17(3) of the Pressure Equipment Regulations, 2009

Company Name :	**0**		
Physical Address :	Gansfontein nr 519, Unit 1, Gouritsmond	ERF Number:	519
Province :	Western Cape	Town :	Gouritsmond
Postal Code :	6696		

User/Owner's Details

Name & Surname :	JA van Heerden	Capacity :	Owner
Cell No. :	0644543561	Email Address :	123vanheerden@gmail.com

Certificate Received By

Name & Signature :	JA van Heerden	Signature :	

Gas Practioner's Details

Name & Surname :	Jean-Pierre Le Roux	SAQCC Gas Reg no:	9425
Cell No.:	27836207944	Email Address:	jeanpierrelrx@yahoo.com
Company :	JPGas	Tel No.:	0836207944
Practitioner Type:	Permanent	LPGSA Reg No:(If any)	
Practitioner's Signature:			
Date	28-05-25	Job Card	JA van Heerden

Declaration: I Jean-Pierre Le Roux declare that I am an authorised person and confirm that the information provided is correct.

SAQCC GAS
South African Qualification and Certification Committee

Certificate No.:
480117
LP Gas - Domestic

LPGSA

CERTIFICATE OF CONFORMITY FOR GAS INSTALLATIONS: OCCUPATIONAL HEALTH AND SAFETY ACT, 1993 Regulation 17(3) of the Pressure Equipment Regulations, 2009

Type of Installation : Domestic

Reason for Issue of Certificate : New Installation

Previous CoC number issue for the Site if Applicable : 476487

Cylinder Size	Quantity	Cylinder / Tank Details	
9	1	Weight (Kg)	9
		Volume (Ltrs)	21
		Fire Approval if Required (Yes/No)	No

Manifolds

Manifold Type	Vapor/Liquid(Name)	Serial No.	Type

Regulator Brand

Regulator Brand Name	Model Number	Quantity
Astro	704-28	1

Pipework Type

Pipetype	Steel	Copper	Composite	CSST	HDPE
Surface			3		
Embedded					
In Roof					
Buried					
Filling Site					
Pipe run in metre	0	0	3.0	0	0

Appliances

Note: for domestic and commercial installations, only appliances that comply with SANS 1539 may be installed. If in doubt contact the appliance supplier or the LPGSA

Type Name	Brand	Model Number
Stove	Kelvinator	KC9650TLEB

Installation Standard	10087-1
Edition	2024:7
Leak test	Pass
Leak Repaired	NA
Static Pressure	2.8kpa
Working Pressure	2.8kpa

SAQCC GAS
South African Qualification and Certification Committee

Certificate No.:
480117
LP Gas - Domestic

LPGSA

CERTIFICATE OF CONFORMITY FOR GAS INSTALLATIONS: OCCUPATIONAL HEALTH AND SAFETY ACT, 1993 Regulation 17(3) of the Pressure Equipment Regulations, 2009

Metered site	No
Flue Termination	Flueless
Flue Operation Tested	Flueless
Ventilation	Pass
Burner Inspection	Pass
Burner Cleaned	NA
Flame Picture	Pass
Appliance operation	Pass
Manifold Inspection	N/A
Manifold Repair	na

Uploaded Supporting Documents :

Geo Locations of COC Latitude :0.000000 Longitude : 0.000000

Mentor Name (if Applicable) **Signature (if Applicable)**

Mentor Registration ID (if Applicable)

Additional comments (if any) Unit 1

Permanent air ventilation may be required for the safety of the occupants of rooms where gas appliances are installed. Check with the gas installer

Empty Cylinders must be closed and stored in a safe place away from extreme heat

All gas installations and appliances should be checked for leaks and safe operation every 12 months

LP Gas hoses to connect cylinders must be replaced every 5 years or sooner if they show any cracks in the surface