ADOPTION CHECKLIST

ADMISSION NO: MBY 7260 ♂ cat

CONTRACT NO: MA0109

- [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 September
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 20/08/25
- [x] Microchip Registration- chip number 992003000548170

Adoptee INFO:

Name & Surname Chereze Coetzee

Contact INFO: 0823784005

Completed by: _____ Date: 19/08/2025

Manager: _____ Date: 19/08/2025

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.

CLX 720 & tobby

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): Chereze Coetzee

HOME ADDRESS: 6 Zeta Street, Heiderand

ID NO.: 810513 024 0087

POSTAL ADDRESS:

TEL NO (H): (B): 044 333 0200

CELL NO: 0823784005 FAX NO:

EMAIL: chereze8@hotmail.com

Address where animal will be kept: As above

Occupation: Admin

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

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

Reason for wanting animal: We love animals

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? All

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

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

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

Are all your animals sterilised? Give details NA

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

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

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

Full description of the fencing and gate: Vibecrete + wooden gate Height: 1.2

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? Yes

Pre Home Inspection Fee: R 166 Receipt No: 7920

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** 18.08.2025

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

MBY 7260

CONTRACT No. MA0109 DATE: 19/08/25

between Mosselbay SPCA

and

Name Chereze Coetzee

Address 6 Zeta Street, Heiderand

Telephone Numbers (H) 082 3784 005 (B) 8105130240087 chereze8@hotmail.com

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

Animal's Name Sex Male Age ± 9 weeks

Description Tabby

On (due date) End September Adoption Form No. MA0109

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

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER
99200300054817O

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. * 0823784005

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

E-mail * chereze8@hotmail.com

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

Title * Mrs Initials * C Surname * Coetzee

Street 6 Zeta Street City

Suburb Area Code HEIDELBERG

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 * 20 - 08 - 2025

Date of Implant * 18 - 08 - 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 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 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

GARDEN ROUTE SPCA MOSSELBAY			
DATE	08/08/25	ANIMAL NAME	
KENNEL NUMBER	CB3	BREED	DSH
CARD NUMBER	MBY 7260	STERILIZED	NO
COLOUR	Tabby	MALE/FEMALE	Male
VACCINATED	Yes	AGE	1 month
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	SURRENDER

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	0.60 g		
TEMPERATURE	39.0		
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

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
COETZEE
Names:
CHEREZÉ
Sex:
F
Nationality:
RSA
Identity Number:
8105130240087
Date of Birth:
13 MAY 1981
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:
16 JUL 2022

119292688

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Mr Pieter Gerhardus Coetzee
- Contact Number: 072 744 1163
- Email Address: cherezie8@hotmail.com

2. Additional Family Member/Friend Details

- Full Name: Bianca Du Toit
- Contact Number: 082 824 1308
- Email Address: bee13058@gmail.com.

3. Previous SPCA Adoption

- Have you previously adopted SPCA? (~~Yes~~/No)
- If yes, when? 2016
- Where? Mossel
- What animal did you adopt? Dog

1. Adoption Contract Acknowledgment

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

Signature: _____

Date: 19. 08. 2025.

Chereze Coetzee
ATTENTION: Chereze Coetzee
Email: chereze8@hotmail.com
From: OUTsurance

21 July 2025
Policy number: OT22864073

Dear Chereze Coetzee,

Confirmation of cover

We confirm that the following vehicle is insured with comprehensive cover for private use, subject to the terms and conditions of our contract with the above mentioned policy holder.

2025 SUZUKI BALENO 1.5 GL (INTRO 2022-05) CBS86903

Inception date	26 March 2025
Effective amendment date	14 July 2025

Registered owner details

Owner	Mrs Chereze Coetzee
ID number	8105130240087
Address	6 Zeta Street Heiderand Mossel Bay Western Cape 6506

Vehicle information

Description	2025 SUZUKI BALENO 1.5 GL (INTRO 2022-05)
Registration number	CBS86903
Engine number	K15BN1546929
Chassis number	MBHHWBA3500916559
M&M code	59010151

Cover details

Comprehensive	**Sum OUTsured**
Vehicle cover	Retail
Miscellaneous specified accessories - Tow bar	R7,000

Additional cover

Car hire - Group A

Credit shortfall

Included benefits

Liability to other parties	R5,000,000
SASRIA	
Help@OUT roadside assistance (service)	
Medical expenses - R2 500 per passenger, limited to R5 000 per incident	

ADMISSION NO: MBY 7260

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 18.8.25 TIME: 14:02

NAME OF APPLICANT: Chereze Coetzee

ADDRESS: 6 Zeta Street, Heiderand

HOME TEL No: 0823784005 CELL No:

ANIMAL(S) ADOPTING: Kitten - tabby

SEX: Male AGE: 10 weeks.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall		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? 0	

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

Great Home. Approved

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☐ SMALL DOGS

☒ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Luciano Bay SPCA: Mosselbay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE