ADOPTION CHECKLIST

ADMISSION NO: MBY 7258 ♀ cat

CONTRACT NO: M A0 110

- [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 26/ End September
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 26/08/25
- [x] Microchip Registration- chip number 992003000548171

Adoptee INFO:

Name & Surname Marchell van Zyl

Contact INFO: 063 992 3738

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.

ADMISSION NO MB1 7258

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 18.8.25 TIME: 15:05

NAME OF APPLICANT: Marchell van Zyl

ADDRESS: 61 P. Minor Street, Oanabaai

HOME TEL No: CELL No: 063 992 3738

ANIMAL(S) ADOPTING: Kitten tabby

SEX: Female AGE: 10 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 2m		Suitability of fence (i.e. small pets can't escape): Wall	
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? 2	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Boxer	Staffie			
CONDITION	Good	Good			
WELFARE (good?)	Good	Good			
SEX & AGE	♂ / 1 yr	♀ / 1 yrs	/	/	/
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: Leonard Boys SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE	08/08/25	ANIMAL NAME	
KENNEL NUMBER	MBY 7258 CB3	BREED	DSH
CARD NUMBER	MBY 7258	STERILIZED	NO
COLOUR	Tabby	MALE/FEMALE	Female
VACCINATED	Yes	AGE	1 month
PROOF OF VACC	Yellow card	STRAY/SURRENDER	surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	0619		
TEMPERATURE	38.		
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: Marchell van Zyl

POSTAL ADDRESS:

STREET ADDRESS: 61 P. Minor Street Darabaai

HOME PHONE:

WORK PHONE:

CELLPHONE: 063 992 3738

BREEDER DETAILS:

ME

SPECIES: Feline

BREED: OSH

COLOUR: Tabby

SEX: Female

DATE OF BIRTH: 2025

MICROCHIP/TATTOO: 992003000548171

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
08/08/25	D2071465C 02-JAN-2026 Nobivac DHPPi + 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	
	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	

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!

MSD Animal Health

Find us on facebook.

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded.

DBV SPCA
Garden Route

KENNEL No.	C23 CX			ADMISSION No.	MBY7258	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 01/08/25			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	(Yes) / No	Lost & Found Date checked	01/08/25
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	01/08/25	Microchip or ID Tag number	None.		

DESCRIPTION & HISTORY

Dog	(Cat) x2	Other species (Specify)	B/I.		
Breed	DSH.	Colour and Markings	Tabby.		
Condition	fair.	Sex ♀	Age 1 month.		
Temperament	Friendly.	Sterilisation details	No	Name	
Coat S	Tail L	Teeth Condition fair.	Ears	Size S	
Area found / collected from	Diamelda.			Date 01/08/25.	
Reason for surrender	Owners are moving				

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	Carmen Eksteen.
Residential Address	297 Alhof rylaan. Ebo 8.	
Postal Address	No postal.	
Tel (H) No num	Tel (W) No num	Cell 0623450242
Email	No email.	
Donation R None	Cash	Card	EFT	(Receipt No.) None

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

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)** s, 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 uitdrukliik 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: _____

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Bennie van Zyl
   - Contact Number: 074 044 5555
   - Email Address: bennie@ppw-supplies.co.za

2. **Additional Family Member/Friend Details**
   - Full Name: Janine Kruger
   - Contact Number: 061 521 6025
   - Email Address: _____

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? No
   - 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: 19/08/25

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000548171

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. * 063 992 3738

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

E-mail * marchell@huyz.co.za

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

Title * MRS Initials * M Surname * VAN ZYL

Street 61 P. Minor City

Suburb Area Code Danabay

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 LEVERS

PET DETAILS

Pet Name Date of birth 2025

Species * FELINE Breed * OSH

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, he / she 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

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VAN ZYL
Names:
MARIA CHRISTINA SOPHIA
Sex:
F
Nationality:
RSA
Identity Number:
7909150001084
Date of Birth:
15 SEP 1979
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:
08 JUL 2025

RSA

200515726

STATEMENT - Activity

MARCHELL VAN ZYL
61 P Minor St
Dana Baai
MOSSEL BAY WESTERN CAPE 6506
ZAF

From Date
1 Jul 2025
To Date
31 Jul 2025

VAT Number
4930306990

Exemplary Investments
102 t/a PPW Supplies
Shop 2
Cnr Bolton & Watson Road
Voorbaai
MOSSEL BAY 6510

Date	Activity	Reference	Due Date	Invoice Amount	Payments	Balance ZAR
1 Jul 2025	Opening Balance					1,279.95
24 Jul 2025	Payment on Invoice # INV-2392				100.00	1,179.95
28 Jul 2025	Invoice # INV-4360		28 Jul 2025	20.00		1,199.95

BALANCE DUE ZAR 1,199.95

BANKING DETAILS

Bank : Absa Bank
Acc Type : Cheque
Account Number : 4104 661 499
Branch Code : 632005

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Clk 9x
xabbuy

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 Marchell van Zyl

HOME ADDRESS: 61 P. Minor Street, Danabaai

ID NO.: 7909150001084

POSTAL ADDRESS: 61 P. Minor Straat, Danabaai

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

CELL NO: 063 992 3738 FAX NO: _____

EMAIL: marchell@huyz.co.za

Address where animal will be kept: 61 P. Minor straat

Occupation: Admin manager PPW.

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

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

Reason for wanting animal: love cats.

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? DSH

Can you afford private fees? Yes Who is your vet? Danabaai Vet

How many animals live on the property? DOGS? 2 CATS? _____ OTHERS _____

What are the sexes of your animals? DOGS: Male _____ Female 2 CATS: Male _____ Female _____

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 1 OTHER? _____

Which animals do you still have, and what happened to the others? 2 dogs 1 cat died

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

Full description of the fencing and gate: Wall and Fence Height: 1,6

What shelter is provided: OUTDOORS _____ KENNEL ✓ OTHER _____

Have you previously had pets from an SPCA? Yes Are there children under 10 in your household? NO

Pre Home Inspection Fee: R100 Receipt No: 7921

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

MB-17258

CONTRACT No. MA0110 DATE: 19/08/25

between Masselbay SPCA

and

Name Marchell van Zyl

Address 61 P. Minor Street, Danabaai

Telephone Numbers (H) 063 992 3738 (B)

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

Animal's Name Sex Female Age ± 9 weeks

Description Tabby

On (due date) End September Adoption Form No. MA0110

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