ADOPTION CHECKLIST

ADMISSION NO: MBY 6841

CONTRACT NO: MA 0112

- [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 26/08/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration chip number 992003000577547 01/09/25

Adoptee INFO:

Name & Surname IS SNYDERS

Contact INFO: 0715918625

Completed by: _____ Date: 29/08/2025

Manager: _____ Date: 29/08/2025

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Ilze Susan Snyders
   - Contact Number: 071 591 8526
   - Email Address: ~~Susa~~ ISSnyders90@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Ashton Presence
   - Contact Number: 068 010 8689
   - Email Address: Ajpresence88@gmail.com

3. **Previous SPCA Adoption** X
   - 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: 29- Aug 2025

DLH
CS
6/8/21

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): IS Snyders

HOME ADDRESS: 4 Mira Street Danabaai ID NO.: 9010220698088

POSTAL ADDRESS: Same

TEL NO (H): (B):

CELL NO: 0715918625 FAX NO:

EMAIL: Issnyders@gmail.com

Address where animal will be kept: 4 Mira street Danabaai

Occupation: Self employed.

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

YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: I love kittens/cats grew up with them.

Is the animal for yourself? Yes (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? New to Danabaai

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 —

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

Which animals do you still have, and what happened to the others? 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: Wire fenching manual lock gate. Height: 180cm

What shelter is provided: OUTDOORS KENNEL OTHER House.

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

Pre Home Inspection Fee: R100.00 Receipt No: MBY 7926

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**

ADMISSION NO MBY 6841

9920030005775 47

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 28/08/25 TIME: 16:30

NAME OF APPLICANT: MS L.S. Snyders

ADDRESS: 4 E. Mira Street, Danabaai

HOME TEL No: CELL No: 071 591 8625

ANIMAL(S) ADOPTING: DLH cat

SEX: Female AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION Vibrecrete 2M			
Type and height of fence:		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?	0

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ 8y.	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Property secured

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Kurt Remas SPCA: Mosselbay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

22 August 2025

To Whom It May concern

This is to advise that I am the owner of 4 Mira Street house in Dana Bay which I rent to Mr Ashton Presence,

I have no problem at all for Mr Presence to have a cat at the house. He and his partner are very responsible tenants.

Many thanks

Kind regards
Mr Clive Vivier
0825 747 808

ID 4804155049084

Ilze Susan Snyders

Ashton Presence

GARDEN ROUTE SPCA MOSSELBAY			
DATE	16/05/25	ANIMAL NAME	
KENNEL NUMBER	CB1	BREED	DLH
CARD NUMBER	MBY	STERILIZED	NO
COLOUR	Tabby	MALE/FEMALE	Female
VACCINATED	Yes	AGE	8 yrs
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	2.35.		
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

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
18/05/25	milpro		

Quantel | Excel | Excel Plus | Excel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER

Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 26-08-2025

DOCTOR'S NAME Dr. AS Muller

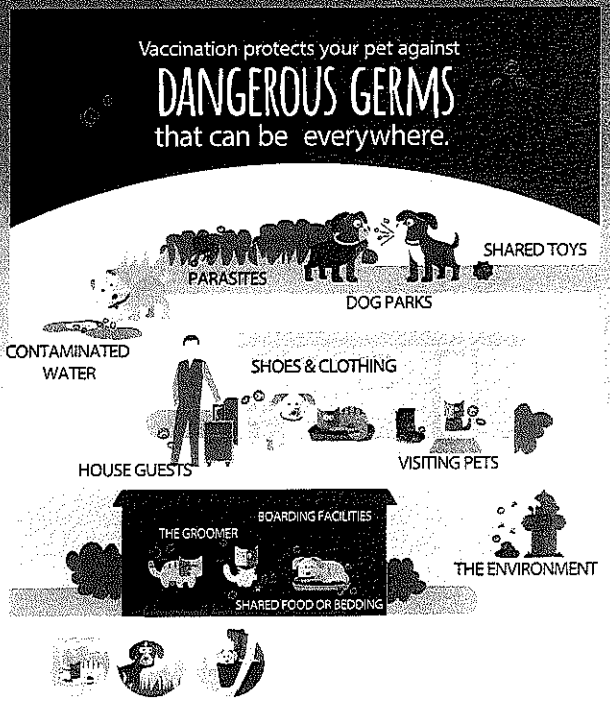
Garden Route SPCA
P.O. Box 758
George, 6530
Tel (044) 691 2...

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours
Monday and Friday: 09:00-16:00
Wednesday: Closed
Tuesday and Thursday: 09:00-16.00
Saturday: 09:00 -11:00

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	CB2 CS T/T			ADMISSION No.	MBY6841	
Stray	Surrender ✓	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	16/05/25		Time in	09:10	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	N/A
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	N/A	Microchip or ID Tag number	None

DESCRIPTION & HISTORY					
Dog	Cat ✓	Other species (Specify)			
Breed	DSH		Colour and Markings	Tabby	
Condition	Fair		Sex	Female	Age 4 yrs
Temperament	Fair		Sterilisation details	None	Name
Coat Long	Tail Torn	Teeth Condition Fair	Ears Pricked		Size Med
Area found / collected from	Palmer Terrace				Date 16-05-2025
Reason for surrender	Owner 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	E.C.A Gen	
Residential Address	Crystal Berger St Mossel Bay			
Postal Address				
Tel (H)	Tel (W)	Cell	0663858176	
Email				
Donation R	Cash	Card	EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No:_____ Case No:_____ Inspector:_____

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:_____

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf o die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indier hul nie in staat is om dit te doen nie, om sy pynlose vernietiging to bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesterliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

_____

Tel No (h): _____ Tel No (w) _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip and ID ta 992003000577547 _____ Date 26/08/25

MEDICAL RECORD

Date	Remarks	Treatment	Cost
19/08/25	vacc/rabisin + milpro		
26/8/2025.	GA: Sterilised Dr SM		

PTS APPROVAL

NAME	SIGN

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
SNYDERS
Names:
ILZE SUSAN
Sex:
F
Nationality:
RSA
Identity Number:
9010220696088
Date of Birth:
22 OCT 1990
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:
12 NOV 2020

113287504

South African Police Service
DA GAMASKOP

Suid-Afrikaanse Polisiediens
DA GAMASKOP

Amapolisa Omzantsi Africa

PROOF OF RESIDENCE

I (Name and Surname) Ilze Susan Snyders

ID number 9010220698088

Residing at 4 Miva street, Dana Bay, Mosselbay

STATE UNDER OATH IN ENGLISH:

That I am residing at the above mentioned address for the last one Months / Years.

I know and understand the contents of the statement.
I have no objection in taking the prescribed oath.
I consider the oath to be binding to my conscience.

SIGNATURE OF DEPONENT

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she knows and understands the contents of this statement. This statement was sworn before me and deponent's signature / mark / thumb print was placed her on in my presence at:

DA GAMASKOP SAPS ON 2025 / 08 / 29 **AT** 11 : 30

2708649806

SIGNATURE COMMISSIONER OF OATH

Sindisiwa Jamy

Full name and surname

SA Police Service
Da Gamaskop
Mossel street
Mossel Bay

Sergeant

Rank

SOUTH AFRICAN POLICE SERVICE
COMMUNITY SERVICE CENTER
29 -08- 2025
DA GAMASKOP
COMMUNITY SERVICE CENTER
SUID-AFRIKAANSE POLISIEDIENS

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000577547

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. * 0715918625

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

E-mail * ISSNYDERS@GMAIL.COM

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

Title * MS

Initials * IS

Surname * SNYDERS

Street 4 MIRA STREET

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 * 01 - 09 - 2025

Date of Implant * 26 - 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 ABBY

Date of birth unknown

Species * FELINE

Breed * DLH

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