ADOPTION CHECKLIST

ADMISSION NO: MBY 7033

CONTRACT NO: MA0114

- [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 29/07/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 03/09/25
- [x] Microchip Registration- chip number 992003000577544

Adoptee INFO:

Name & Surname Chantalle Nieuwoudt

Contact INFO: 0671455944

Completed by: _____ Date: 30/08/2025

Manager: _____ Date: 30/08/2025

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.

One of the Global One money management products or services

Proof of Account Details

CAPITEC

Capitec Bank

30/08/2025
Branch: 470010
Device:

SkyQR App Store Google Play

Validate this document using SkyQR

To Whom it May Concern

We hereby confirm that Mrs Chantalle Nieuwoudt has the following account(s) at Capitec Bank Limited on 30/08/2025

Client Details

Name:	Chantalle Nieuwoudt
ID/Passport Number:	8311060087080
Address:	16th Ave Nr 10, Mossel Bay, Mossel Bay, 6500
Postal Address:	16th Ave Nr 10, Mossel Bay, Mossel Bay, 6500

Account Details

Account Status:	Active
Account Type:	Savings
Account Number:	1867393806
Bank Name:	Capitec
Branch Code:	470010
Date Opened:	2021-12-03

The account details provided herein should not be read as extending by implication to any other matters not specifically addressed. The account details are given as at the above date and no obligation is hereby assumed to update the account details on any future date.

Capitec Bank Limited shall have no liability whether in contract, delict (including without limitation negligence) or otherwise to the above accountholder or any third party in relation to the account details contained herein.

Angelica. 1033

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): Miss Chantalle Nieuwoudt.

HOME ADDRESS: 16th Avenue nr 10 Mossel Bay

ID NO.: 83 11 06 00 87080

POSTAL ADDRESS: 16th Avenue nr 10

TEL NO (H): 044 606 5069 (B):

CELL NO: 067 1455944. FAX NO:

EMAIL: cnieuwoudt@masselbay.gov.za

Address where animal will be kept: 16th Avenue nr 10

Occupation: Security

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: Healing

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? Tabby

Can you afford private fees? yes Who is your vet? vital vet (key-leigh)

How many animals live on the property? DOGS? 2 CATS? 0 OTHERS 0

What are the sexes of your animals? DOGS: Male 1 Female 1 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? 4 CATS? 2 OTHER? ____

Which animals do you still have, and what happened to the others? 2 Dogs (Louderdom)

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

Full description of the fencing and gate: wall / electronic gate Height: 1.8 / 2

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? No

Pre Home Inspection Fee: R100. Receipt No: 7934

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** 23/08/25

ANNEXURE A

Additional Household Members & Emergency Contacts

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

2. **Additional Family Member/Friend Details**
   - Full Name: Adel Kuhn
   - Contact Number: 069 948 9068
   - Email Address: kuhnadel@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: 30/08/25

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000577544

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. * 067 145 5944 — Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * cnieuwoudt@mosselbay.gov.za — If possible, please provide a personal email, not a company email.

Title * MS | Initials * C | Surname * NIEUWOUDT

Street 16 AVE NR10 | City

Suburb | Area Code MOSSELBAY

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 * 03 - 09 - 2025

Date of Implant * 30 - 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 ANGELICA.

Species * FELINE

Colour TABBY

Gender Male (Female)

Date of birth

Breed * DSH

Markings

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

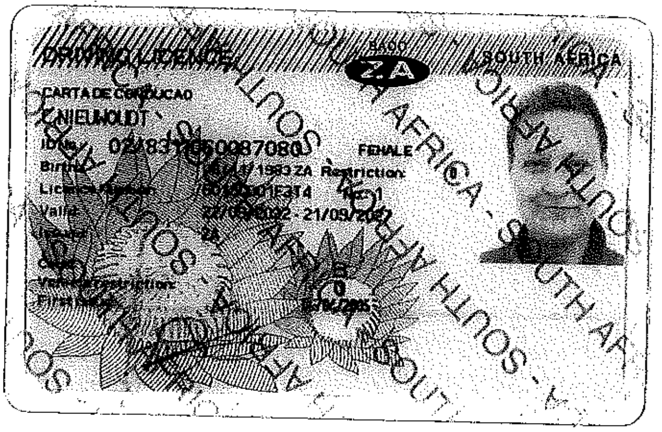
Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

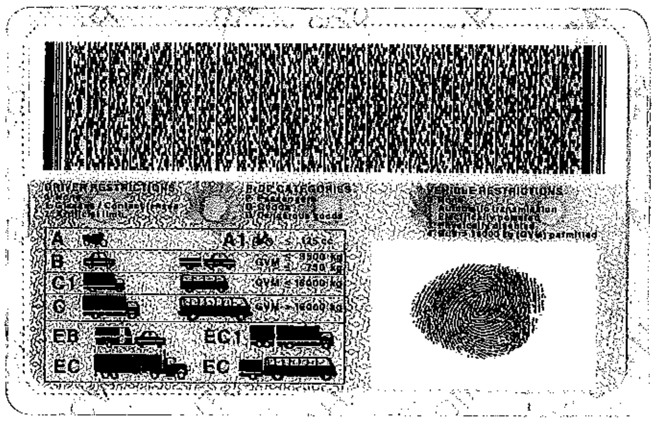
The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said Veterinarian and / or it's office to bring about this agreement between the client and the veterinarian. The 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



DRIVING LICENCE
ZA
SOUTH AFRICA
CARTA DE CONDUCAO
NIEUWOUDT
FEMALE
Restriction:
SOUTH AFRICA



DRIVER RESTRICTIONS
PrDP CATEGORIES
VEHICLE RESTRICTIONS
A
A1 ≤ 125cc
B
GVM ≤ 3500 kg
750 kg
C1
GVM ≤ 16000 kg
C
GVM > 16000 kg
EB
EC1
EC
EC

GARDEN ROUTE SPCA MOSSELBAY			
DATE	29/07/25	ANIMAL NAME	
KENNEL NUMBER	CB1 7033	BREED	DSH
CARD NUMBER	MBY	STERILIZED	No
COLOUR	Tabby	MALE/FEMALE	Female.
VACCINATED	Yes	AGE	Adult
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Stray

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	3.35 kg		
TEMPERATURE	37.4		
EARS	NAD		
EYES	NAD	Right eye injured	
TEETH	NAD		
NOSE	NAD		
LUNGS	NAD		
HEART	NAD		
ABDOMEN	NAD		
HIPS	NAD		
SKIN AND COAT	NAD		
FIT FOR ADOPTION	YES	NO	

ADDITIONAL COMMENTS

ADMISSION NO MBY 7033

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 30/08/2025 TIME: 10:00

NAME OF APPLICANT: Chantalle Nieuwoudt

ADDRESS: 16 th Ave, Nr 10, Mosselbaay

HOME TEL No: CELL No: 067 1455944

ANIMAL(S) ADOPTING: Cat

SEX: Female AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
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?	2

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED	Yorkie	France Poodle			
CONDITION	Fair	Fair			
WELFARE (good?)	Fair	Fair			
SEX & AGE	Male / 13y	Female / 15	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ CATS
- ☒ MEDIUM DOGS
- ☒ SMALL DOGS
- ☒ LARGE DOGS

INSPECTED BY: Wally Wagenaar SPCA: M.Bay SPCA SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No. MBY7033		
Stray X	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 21/07/25			Time in 4.28	Date for release		

IDENTIFICATION & LOST AND FOUND							
Lost & Found checked		Yes (Yes) / No	Lost & Found Date checked	21/07/25			
Microchip/Collar or ID tag found		Yes / No (No)	Date scanned or checked	21/07/25	Microchip or ID Tag number	None.	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	Bit.		
Breed	Bsh.		Colour and Markings	Tabby.	
Condition	Injured eye.		Sex M/F ♀	Age	Adult.
Temperament	friendly.		Sterilisation details No	Name	
Coat S.	Tail L	Teeth Condition fair.	Ears Pricked.	Size	M.
Area found / collected from	~~Montbay~~ Islandview			Date	21/07/25.
Reason for surrender	Injured Stray Cat (eye).				

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	F.C.A Green		
Residential Address	Cygnus/Auberger St. Mossel Bay				
Postal Address	No Postal.				
Tel (H) No num	Tel (W) No num		Cell 0866385176		
Email	No email.				
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: 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** 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: _____

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
29/01/25	Milpro		

Quantel | 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 29-07-2025

DOCTOR'S NAME Dr. AS. Muller

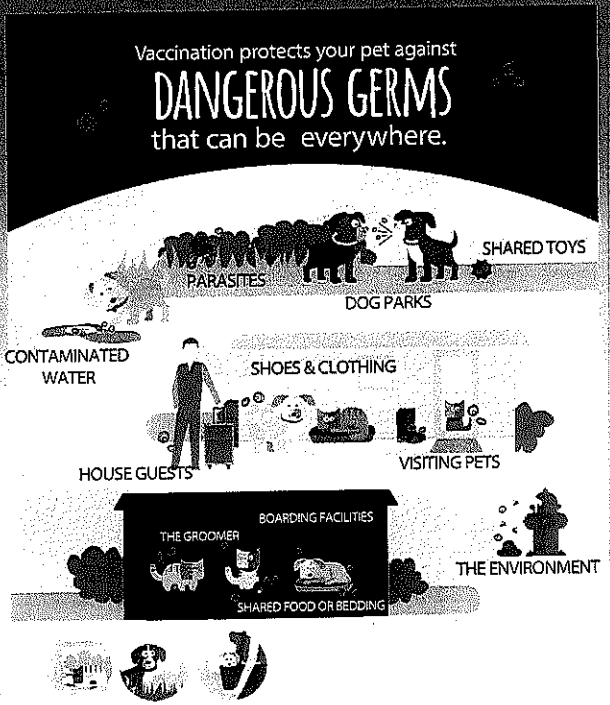
Garden Route SPCA
P.O. Box 25
George, 6530
Ph (044) 883 - 0824

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

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