

ADOPTION CHECKLIST

ADMISSION NO:

MBY 8499

CONTRACT NO:

MA0191



Admission Form



Application for adoption



Pre-Home Inspection Report



Adoption contract



Copy of Identity Document or Driver's License



Proof of Residence



Letter from Body Corporate



Sterilization Contract and Date of sterilization Contract



992003000579268



Copy of Vaccination Record/ Certificate



Microchip



Microchip Registration- chip number 31/01/26. 992003000579268

Completed by:

[Signature]

Date: 16/01/2026

Manager:

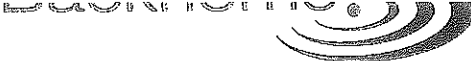
[Signature]

Date: 16/01/26

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.



MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIP NUMBER



992003000579268

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0828545490

E-mail * leroux.we@gmail.com

Title * Mrs Initials * W

Street 355 FLORA ROAD

Suburb DANABAY

Country

Phone - Day time

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

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

Surname * LE ROUX

City

Area Code

Province

Phone - Night time

OTHER CONTACTS

Title * Initials *

Surname *

Cell No. *

Title * Initials *

Surname *

Cell No. *

Title * Initials *

Surname *

Cell No. *

CHIP DETAILS

Registration Date *

Date of Implant * 15 - 01 - 2026

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip RAY LEVERS

PET DETAILS

Pet Name ZAZU

Date of birth

Species * FELINE

Breed * SIAMESE

Colour WHITE/CREAM

Markings

Gender ☒ Male ☐ Female

Sterilised ☒ Yes ☐ No

KENNEL UNION OF SOUTH AFRICA (KUSA)

MEDICAL

Are you a KUSA Registered Member? Yes ☐ No ☐

Medical Conditions

KUSA Registration Number

Medical Insurance Company

Pet Registered Name

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 its 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 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
2. By fax
3. By e-mail
4. By App

Log onto www.backhome.co.za. Complete the registration process.

Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364

Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za

Download the Virbac Backhome Africa App

www.backhome.co.za • Tel: 011 852-8120 or 011 027 8837 • Fax: 0800 222 546

Age Analysis	120+days	90 days	60 days	30 days
	R:0:00	R:0:00	R:0:00	R:0:00

Account assistance



Ways to pay your invoice

To make payment, please log on to Telkom's website and log on to the portal to make payment via EFT or credit card. First-time users will be required to register on (<https://selfservice.telkom.co.za/roccoco/public/content/interstitial>) and create a profile prior to processing your payment.

Ways to receive your invoice

Email, Electronic billing and MMS.

You can also view your invoice on the MyTelkom App.

How long does it take to restore your service once suspended for late payment?

We will restore your suspended services as soon as possible, but the restoration is subject to a receipt of the payment on our billing system.

The Terms and Conditions are available at: https://group.telkom.co.za/about_us/regulator/terms-and-conditions.shtml

How we calculate VAT

We calculate VAT per product or service type individually. Only the sum thereof appears on the tax invoice.

How we calculate interest

Interest is charged on all amounts due that have not been paid on or before the due date indicated on your invoice. Interest is calculated from the date of issue of the invoice until the date we receive the payment. We may amend the interest rate from time to time.

How we calculate cost of calls

Calls are charged per second with a minimum charge per call. The distance of the call and the time you spend on the call determine the call charge per second.

How we calculate early cancellation penalties

Where penalties are applicable, they are calculated on the remaining contract period, in line with the CPA guidelines on penalty calculations.



Shop

Call 081 135	Shop https://www.telkom.co.za/	Find a store https://www.telkom.co.za/storelocator
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Tip

Beware of malware

Malware is a software designed to disrupt, damage or gain illegal access to your computer system/mobile device. Here's how to avoid malware attacks:

- Only download apps from reputable app stores or vendor websites.
- Ensure you have reputable security software and that it's always up to date.
- Avoid file-sharing apps like Bit Torrent and scan removable media before you open files.



Follow us



2

I WAS DEWORMED ON

DATE PRODUCT DATE PRODUCT

13/11/25 M:ipvc

15/12/25 M:ipvc

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

DOCTOR'S NAME

14/01/2026
Dr AS Mkh...
M. (Gbd)

GARDEN ROUTE SPCA

PO. BOX 258

GEORGE 6530

TEL: 044 693 0824 / 072 281 1761

PRACTICE STAMP



Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/005690/07

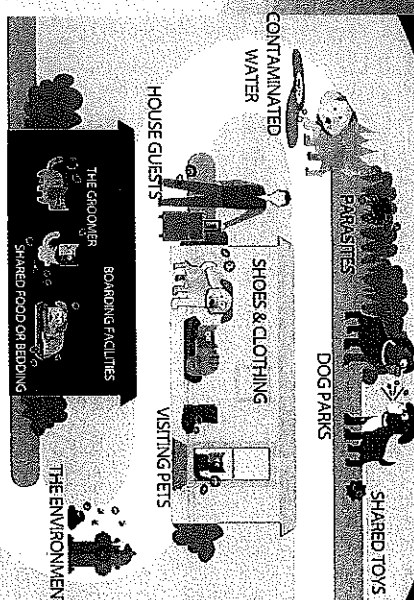
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2025, Isando, 1600, RSA

Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777

www.msdf-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD

Vaccination protects your pet against
DANGEROUS GERMS
that can be everywhere.



PET'S NAME

MY VET

GARDEN ROUTE SPCA

MOSEL BAY

18 BILL JEFFERY AVE

KWANONGABA

044 693 0824

072 287 1761

theatrem@grspca.co.za

Consulting Hours

Monday and Friday: 12:00 - 16:00

Wednesday: Closed

Tuesday and Thursday: 09:00 - 16:00

Saturday: 09:00 - 11:00

Exitel Plus XL
DESIGNED FOR HEALTHY HEALTHY DOGS

NOTE TO MY OWNER

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

CONDITIONS / VOORWAARDES

- | | |
|---|--|
| <p>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.</p> <p>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.</p> <p>3. Any charges endorsed hereon are due and payable on request.</p> <p>4. The Society will not home any animal unsterilised.</p> | <p>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, indien huf nie in staat is om dit te doen nie, om sy pynlose vernietiging to bewerkstellig.</p> <p>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.</p> <p>3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.</p> <p>4. Die Vereniging sal geen dier plaas wat ongesteëliseer is nie.</p> |
|---|--|

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 / Cc and ID tag given



992003000579268

Date ~~22/01/2006~~ 15/01/2006

MEDICAL RECORD

Date	Remarks	Treatment	Cost
13/11/2025	vaccination + milpro		
15/12/2025	vaccination + milpro		
14/01/2026	CA: Spay fixed Dr. J. N.		

PTS APPROVAL

NAME	SIGN

ADMISSION No. TOELATINGSNR.

MA0191

ADOPTION CONTRACT



Garden Route

DOG / CAT	Breed	Male/Female
Mic		

992003000579268

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

- I do hereby confirm and undertake that:
- I am over eighteen (18) years of age.
- All family members agree to the adoption and will abide by the conditions in the contract.
- I will not part with possession of the animal except to return it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
- I will give the animal a fair chance to adjust to its new home.
- I understand that donations are not refundable or transferable.
- I will feed and house the animal to the Society's satisfaction.
- I will not chain or cage the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
- I can afford the services of a private veterinary practitioner.
- I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
- I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
- I will ensure that the animal is sterilised as stipulated by the Society.
- I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only elasticated or quick release collars may be used for cats.
- My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
- I will notify the Society within forty-eight (48) hours should the animal die or go missing.
- I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
- I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
- I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
- I will notify the Society of any change of address in writing by registered post with seven (7) days.

* I agree to never harm, neglect, abuse or abandon the animal that I adopt.
* I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters):

HOME ADDRESS
WOONADRES: 355 Flora Road

TEL No (H):
TELEFOON Nr (H): Danaburg

CELL No:
SELFOON Nr: 0828545490

E-MAIL:
E-POS: leroux.we@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

VEHICLE REG No.
VOERTUIG REG Nr: 62853

SIGNATURE
HANDTEKENING:

DATE / DATUM: 16/01/2026

cash / eft / card
kontant / eft / kaart

VEHICLE MAKE:
VOERTUIG MAAK: Mwc

WITNESS FOR SOCIETY
GETUIE VIR VEREENIGING:

UITPLASINGSKONTRAK



Garden Route

HOND / KAT	Ras	Manlik/Vroulik
Mikroskyfie en of ID nSkyfie Nommer:		

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieleden stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkoste aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en klient skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoon te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
- Ek sal nie die dier vasketting of gehok hou nie, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
- Ek kan die dienste van 'n private veeartsnykundige bekostig.
- Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
- Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
- Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir kattle gebruik word.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per geregistreerde pos in kennis stel van enige verandering van adres.

* Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.

* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van weedheid of verwaarloosing van enige dier nie.

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

ID/PASSPORT No.: 5508060176085
ID/PASPOORT Nr.:

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: KWITANSIE Nr 8677
RECEIPT No.:

COLOUR:
KLEUR: Wit.

