ADOPTION CHECKLIST

ADMISSION NO: MBY8697

CONTRACT NO: MA 0189

- [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
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract March
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000579266

Adoptee INFO:

Name & Surname Cizanie Scholtz

Contact INFO: 0824036620

Done 31/01/26

Completed by: _____ Date: 16/01/2026

Manager: _____ 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.

GARDEN ROUTE SPCA MOSSELBAY			
DATE	18/12/25	ANIMAL NAME	
KENNEL NUMBER	K11	BREED	Rotti x
CARD NUMBER.	MBY 8697	STERILIZED	NO
COLOUR	Black + Brown	MALE/FEMALE	Female
VACCINATED	Yes	AGE	6 weeks
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	2.40 kg		
TEMPERATURE	38.4		
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

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0189 DATE: 16/01/2026

between Mosselbay SPCA

8101250018080

and

cizanievanzyl@yahoo.co.uk

Name Cizanie Scholtz

Address 33 Raadewal Weg, Hartenbos

Telephone Numbers (H) (B) 0824836620

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

Animal's Name sex Female Age 2 months

Description ~~CAT TABBY~~ Kitten

On (due date) END MARCH Adoption Form No.

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: Scholtz For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Signed:

Date:

ADMISSION NO MBY 8697

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: _____ TIME: _____

NAME OF APPLICANT: Cizanie Scholtz

ADDRESS: 33 Roodewalweg, Hartenbos

HOME TEL No: _____ CELL No: 0824036620

ANIMAL(S) ADOPTING: Rottie X

SEX: Female AGE: 8 weeks

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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	XBreed				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	♀ / Adult	/	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Luciano Bruyt SPCA: Mossel Bay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

K3H Missy

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): Cranie Schalk

HOME ADDRESS: Roodewalweg 33, Hartenbos

ID NO.: 8101250018080

POSTAL ADDRESS: _____

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

CELL NO: 0824036620 FAX NO: _____

EMAIL: cranievanzyl@yahoo.co.uk

Address where animal will be kept: Roodewalweg 33 Hartenbos

Occupation: Argitek

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

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

Reason for wanting animal: Friend for existi

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? Rotty Cross

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

How many animals live on the property? DOGS? 1 CATS? 2 OTHERS _____

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

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? 1 dog, 2 cats, Died of 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: 1.2 & 1.8 Brick walls Height: 1.2 & 1.8

What shelter is provided: OUTDOORS ✓ KENNEL _____ OTHER _____

Have you previously had pets from an SPCA? Yes Are there children under 10 in your household? Yes

Pre Home Inspection Fee: R100 Receipt No: MBY 8604

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 Schalk **Date of application** 05/01/2026

MY OWNER

NAME: Cizanie Scholtz

POSTAL ADDRESS:

STREET ADDRESS: 33 Roodewalweg
Harfenbos

HOME PHONE:

WORK PHONE:

CELL PHONE: 0824036620

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: OAXI

COLOUR: BLACK + BROWN

SEX: FEMALE

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000579266

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/12/25	Nobivac® Puppy DP PLUS Batch: A256B01 Exp.: 06-2027 + Triworm	
15/01/26	392210 R3 Ser.: Exp.: + Triworm	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

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.

Nobivac® DHPPi (Reg. No. G2377 Act36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947). **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947), **Quantel® Tablets** (Reg. No. G2717 (Act 36/1947) Contains Praziquantel (isoquinoline) 50 mg/tablet and Fenbendazole (benzimdazole) 500 mg/tablet. **Exitel Plus** (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. **Exitel Plus XL** (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

KENNEL No.	1C 12 4834			ADMISSION No.	MBY8697	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	07/11/25		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	07/11/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	07/11/25	Microchip or ID Tag number: None

DESCRIPTION & HISTORY

Dog X4	Cat	Other species (Specify) Bitch	
Breed: JK cross		Colour and Markings: Black + Brown	
Condition: Fair		Sex: (M / F) x3	Age: 1 maand
Temperament: Timid		Sterilisation details: No	Name
Coat: S	Tail: C	Teeth Condition: Fair	Ears: Down	Size: S
Area found / collected from: D'almeida			Date: 07/11/25
Reason for surrender: Moving cant take dog with			

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: Bentonio Thomas				
Residential Address: 327 Tuisstraat Ext 6					
Postal Address: No postal					
Tel (H): No num	Tel (W): No num	Cell: 0769645601			
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

SADC

ZA

SOUTH AFRICA

DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO

CH SCHOLTZ

ID No.: 02/810125001808O FEMALE

Birth/Geboorte: 25/01/1981 ZA Restr./Beperk.: 0

Lic.No./Lisensienr.: 0015001C7QR No.: 1

Valid/Geldig: 07/06/2025 - 06/06/2030

Issued/Uitgereik: ZA

Code/Kode: B

Veh.restr./Voertuigbeperking: 0

First issue/Eerste uitreiking: 18/11/1999

DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb

PRDP CATEGORIES
P Passengers
G Goods
D Dangerous goods

A	A1	≤ 125 cc
B		GVM ≤ 3500 kg
C1		GVM ≤ 7500 kg
C		GVM > 16000 kg
EB	EC1	
EC	EC	

VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
< Bus > 16000 kg (GVM) permitted

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	40-000045-003-0
DATE OF ACCOUNT:	19/12/2025
LAST RECEIPT DATE:	18/12/2025
PREPAID METER NUMBER:	01380988574

VAT REG. NO.
Name:
SCHOLTZ A & CH
Street Address:
33 ROODEWALWEG HARTENBOS
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
2300.00	45000	1800000	10

DATE	DETAILS				AMOUNT
	B/F BALANCE				2361.26
18/12/2025 0138098857	ELECTRICITY				496.69 *
	BASIC			431.91	
	VAT/BTW			64.78	
18/12/2025 DKH5346	WATER 22/10/2025-19/11/2025				458.11 *
	3295 - 3314 (19 Kl 28 Days)				
	BASIC			261.39	
	07/25	5.52 @	0.000 =	0.00	
	.	12.89 @	10.030 =	129.28	
	.	0.59 @	13.038 =	7.69	
	VAT/BTW			59.75	
18/12/2025 300010	REFUSE				320.62 *
18/12/2025 400010	SEWERAGE				365.61 *
18/12/2025	RATES INSTALLMENT				647.80
	RECEIPTS				2361.00-
	Balance Carried Forward				0.09-
VAT ON '*' ITEMS:	214.03 ACB TOT:			0.00	

CREDIT	60 DAYS	30 DAYS	CURRENT	Amount Due
0.00	0.00	0.00	2289.09	2289.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	15/01/2026	2289.00

VAT No. / BTW Nr. 4830116370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details /Betalings Besonderhede

Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 400000450030

EasyPay >>>>>9152640000004500301

payat 11379 400000450030

Message /Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

SOUTH AFRICA
Permit Mail
P4010395

Vou en skeur af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Mossel Bay MUNICIPALITY

SCHOLTZ A & CH
PO BOX 11537
HEIDERAND
6511

40-000045-003-0

Fold and tear on perforation.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MIC

992003000579266

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 * FR14/13019

Vet Practice Name * SPCA Modderbay Gardenroute

Vet Practice Phone - Daytime * 044 6930824

PET OWNER INFORMATION

Cell No. * 0824036620 Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * Cizanievanzyl@ycahoo.co.uk possible, please provide a personal email, not a company email.

Title * MRS Initials * C Surname * SCHOLTZ

Street 33 ROOPEWALWEG City

Suburb HARTENBOS Area Code

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 * 31 - 01 - 2026

Date of Implant * 15 - 01 - 2026

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name Scholtz

Species * CANINE Date of birth

Breed * X BREED

Colour BLACK + BROWN 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 C Scholtz

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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Arno Scholtz
   - Contact Number: 082 922 1260
   - Email Address: scscales@absamail.co.za

2. **Additional Family Member/Friend Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? Julie 2025
   - Where? George SPCA
   - 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: Scholtz

Date: 16/01/2026.