ADOPTION CHECKLIST

ADMISSION NO: MBY 9419

CONTRACT NO: MA 0211

- [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 29/01/26
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 30/02/26.
- [x] Microchip Registration- chip number 992003000578724

Adoptee INFO:

Name & Surname Denise Venske

Contact INFO: 0810107775

Completed by: _____ Date: 30/1/26.

Manager: _____ Date: 30/01/2026

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.

MBY 9419

9920030005 78724
~~9920030004 86638~~ ADMISSION NO ~~MBY 9406~~

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 22/1/26 TIME: 15:12

NAME OF APPLICANT: Denise Vensko

ADDRESS: 8 P. Grandiceps, Danabay

HOME TEL No: _____ CELL No: 0810107775

ANIMAL(S) ADOPTING: Ginger Cat

SEX: Male AGE: ± 10 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brickwall 2m+		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	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Property big and safe

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM DOGS ☒ LARGE DOGS

INSPECTED BY: _____ SPCA: _____ SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO

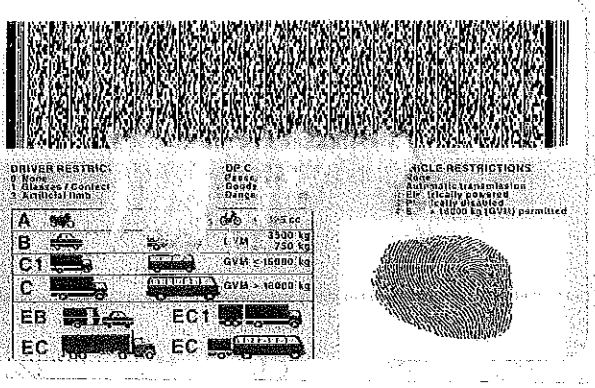
SADC
ZA

SOUTH AFRICA

D VENSKE

ID No. 02/6508290068085 FEMALE
Birth/Geboorte 29/08/1965 ZA Restr/Beperk 0
Lic No./Lisensie 6015000 1FING No. 1
Valid/Geldig 07/05/2024 - 06/05/2029
Issued/Uitgereik ZA

Code/Kode	A1	EB
Vehicle/Voertuigbesonderhede	0	0
First issued/Eerstekeer	02/09/1991	02/09/1991



DRIVER RESTRICTIONS
0 None
1 Glasses / Contact
2 Artificial limb

DP C
Date
Doctr
Dange

VEHICLE RESTRICTIONS
Value
Automatic transmission
Physically disabled
B = 16000 kg (GVM) permitted

A		1 cc - 125 cc	
B		LVM - 3500 kg	750 kg
C1		GVM < 16000 kg	
C		GVM > 16000 kg	
EB		EC1	
EC		EC	

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	86-008250-003-0
DATUM VAN REKENING:	19/12/2025
LAASTE KWITANSIE DATUM:	18/12/2025
VOORAFBETAALDE METERNOMMER:	

BTW REG. NO.

Naam:
VAN DER MERWE JCA & JS

Liggingsadres:
8 P GRANDICEPSSTRAAT DANABAAI

BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
2610.00	8250000	3450000	11

DATUM	BESONDERHEDE			BEDRAG
	BALANS OORGEBRING			655.17-
18/12/2025 361629	ELEKTRISITEIT 06/11/2025-04/12/2025			1683.62 *
	59900 - 60324 (424 KWH 28 Dae)			
	BASIES		323.93	
	07/25 424.00 @ 2.689	=	1140.09	
	VAT/BTW		219.60	
18/12/2025 AMR1205102	WATER 06/11/2025-04/12/2025			398.40 *
	1113 - 1127 (14 Kl 28 Dae)			
	BASIES		261.39	
	07/25 5.52 @ 0.000	=	0.00	
	. 8.48 @ 10.030	=	85.05	
	VAT/BTW		51.96	
18/12/2025 300011	VULLIS			320.62 *
18/12/2025	BELASTING PAAIEMENT			1285.94
	Balans Oorgedra			0.41-
	BTW OP '*' ITEMS: 313.38 ACB TOT:		0.00	

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER: 86-008250-003-0
DATUM VAN REKENING: 19/12/2025
LAASTE KWITANSIE DATUM: 18/12/2025
VOORAFBETAALDE METERNOMMER:

BTW REG. NO.
Naam:
VAN DER MERWE JCA & JS
Liggingsadres:
8 P GRANDICEPSSTRAAT DANABAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO: 2610.00 | ERF NOMMER: 8250000 | TOTALE WAARDASIE: 3450000 | WYK No: 11

DATUM BESONDERHEDE BEDRAG

BALANS OORGEBRING 655.17-
18/12/2025 361629 ELEKTRISITEIT 06/11/2025-04/12/2025 1683.62 *
59900 - 60324 (424 KWH 28 Dae)
BASIES 323.93
07/25 424.00 @ 2.689 = 1140.09
VAT/BTW 219.60
18/12/2025 AMR1205102 WATER 06/11/2025-04/12/2025 398.40 *
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VAT/BTW 51.96
18/12/2025 300011 VULLIS 320.62 *
18/12/2025 BELASTING PAAIEMENT 1285.94
Balans Oorgedra 0.41-
BTW OP '*' ITEMS: 313.38 ACB TOT: 0.00

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MIC

992003000578724

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. * 0810107775

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

E-mail * denisevenske1965@gmail.com

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

Title * MRS Initials * D. Surname * VENSKE

Street 8 GRANDICEPS 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 *

Date of Implant * 29 - 01 - 26

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

Species * FELINE Breed * SIAMESE X

Colour WHITE + GREY 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

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

KENNEL No. C5 I86 & [illegible]				ADMISSION No. MBY9419		
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 06/01/26			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	(Yes) / No	Lost & Found Date checked	06/01/26
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	06/01/26	Microchip or ID Tag number: None

DESCRIPTION & HISTORY

Dog	(Cat)	Other species (Specify) B&I.		
Breed	DSH	Colour and Markings	Grey & White/Siamese	
Condition	Injured	Sex ♀	Age Juvi.	
Temperament	Friendly	Sterilisation details No	Name	
Coat S	Tail L	Teeth Condition	Ears Pricked	Size M.
Area found / collected from	Mountain View		Date 06/01/26.	
Reason for surrender	Stray.			

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	Mariska Snyders.		
Residential Address	52 Fox Stl. Mountain View			
Postal Address	No postal.			
Tel (H) No num	Tel (W) No num.	Cell 0796460184		
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 [signature]	Witness for Society [signature]
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
19/01/26	milpro		

Quantel
DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL
DEWORMING FOR HAPPIER, HEALTHIER DOGS

[illegible]

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. 1. 2026

DOCTOR'S NAME Dr. AS. Muller

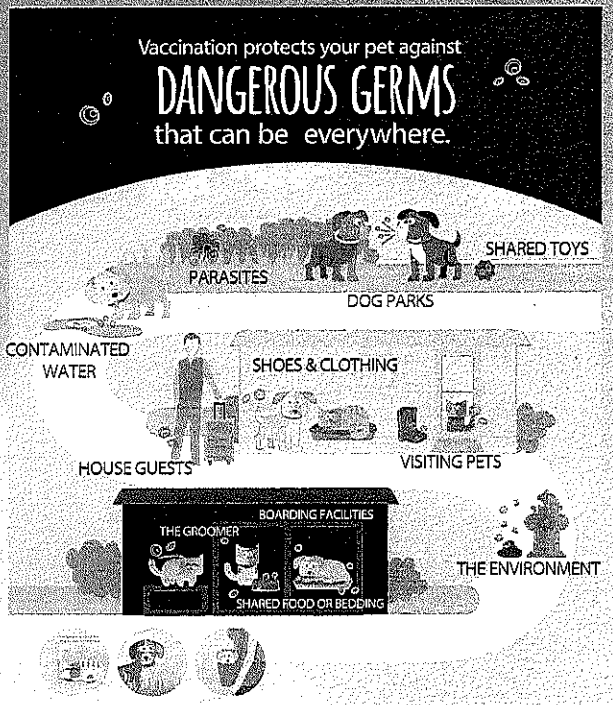
Garden Route SPCA
P.O. Box 208
George, 6530
Ph (044) 693 - 0824

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
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: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday. 09.00 - 11:00

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

992003000578726

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. * 0781010775 — Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * deniseveneke1965@gmail.com — If possible, please provide a personal email, not a company email.

Title * MS | Initials * D | Surname * VENEKE

Street 8 P Grandiceps | City

Suburb | Area Code Danabaai

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 * 13 - 02 - 2026

Date of Implant * 29 - 01 - 2026

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name | Date of birth

Species * CANINE | Breed * POODLE

Colour 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

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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

GARDEN ROUTE SPCA MOSSELBAY			
DATE	12/12/25	ANIMAL NAME	CHEWY
KENNEL NUMBER	K18	BREED	POODLE
CARD NUMBER	MBY 9075	STERILIZED	NO
COLOUR	BROWN	MALE/FEMALE	MALE
VACCINATED	YES	AGE	7 YRS
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	SURRENDER

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	8.4 kg		
TEMPERATURE	38.3		
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

Chewy is still scared, very skinny. Needs to gets used to vaccinations and brushing. Very food motivated

ADMISSION No.
TOELATINGSNR. 0211 MAG~~210~~

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
M			

992003000578724

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.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. 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.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. 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.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. 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.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. 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.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. 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.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. 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.

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.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. 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 onkostes 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 onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. 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.
9. Ek kan die dienste van 'n private veeartsnykundige bekostig.
10. 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.
11. 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).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - **slegs rekbandjies** mag vir katte gebruik word.
14. My erf is behoorlik omheln en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. 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.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede 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 wreedheid of verwaarlosing 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.

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

HOME ADDRESS
WOONADRES: 8 P. Grandiceps, Danabaq

ID/PASSPORT No.:
ID/PASPOORT Nr.: 6508290068085

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

(B):
(W):

CELL No:
SELFOON Nr: 0810107775

FAX No:
FAKS Nr:

E-MAIL:
E-POS. denisevenske1965@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.

VEHICLE REG No.
VOERTUIG REG Nr. CBG 56362.

VEHICLE MAKE:
VOERTUIG MAAK:

COLOUR:
KLEUR:

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING.

DATE / DATUM: 30/01/2026.