ADOPTION CHECKLIST

ADMISSION NO: MBY 8692

CONTRACT NO: MA0238

- [✓] Admission Form
- [✓] Application for adoption
- [✓] Pre-Home Inspection Report
- [✓] Adoption contract
- [✓] Copy of Identity Document or Driver's License
- [✓] Proof of Residence
- [X] Letter from Body Corporate
- [X] Sterilization Contract and Date of sterilization Contract Done 05/03/2026
- [✓] Copy of Vaccination Record/ Certificate
- [✓] Microchip 13/03/26.
- [✓] Microchip Registration- chip number 992003000579246

Adoptee INFO:

Name & Surname Roedel Meyer

Contact INFO: 072414 8201

Completed by: _____ Date: 06/03/2026

Manager: _____ Date: 06/03/26

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Etienne Meyer
   - Contact Number: 062 083 9781
   - Email Address: etmeyer@gmail.com

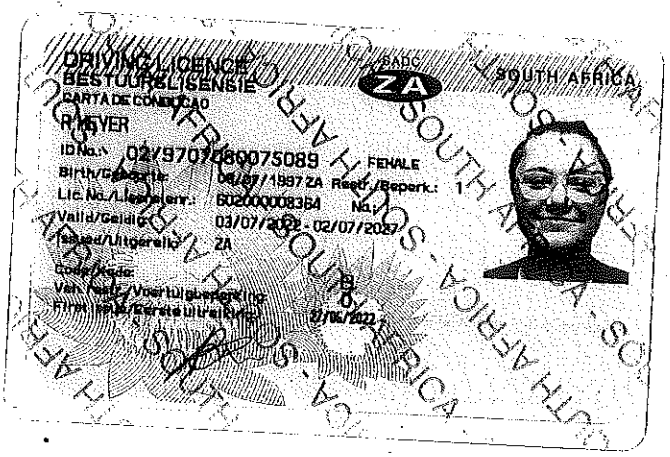
2. **Additional Family Member/Friend Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? _____
   - 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: 6 March 2026.


SADC
ZA
SOUTH AFRICA
DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO
RIJBEWIJS
ID No.: 02/9707/080075089
FEMALE
Birth/Geboortedatum: 08/07/1997 ZA
Restr./Beperk.: 1
Lic. No./Lisensienr.: 602000008364
Valid/Geldig: 03/07/2022 - 02/07/2027
Issued/Uitgereik: ZA
Code/Kode:
Veh. Restr./Voertuigbeperking:
First Issue/Eerste Uitreiking: 27/06/2022
B

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000579246

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. * 0724148201

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

E-mail * roemeyer8@gmail.com

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

Title * MS

Initials * R

Surname * Meyer

Street 291 Voortrekker Road

City

Suburb Fiati, Second Floor

Area Code Gouritz

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 - 03 - 2026

Date of Implant * 06 - 03 - 2026

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

Name of Vet who implanted the Chip Kay Ievers

PET DETAILS

Pet Name Kuma

Date of birth

Species * Feline

Breed * DSH

Colour Black + White

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

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 op 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 hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te 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 ongesteriliseer 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 ____________

Micro[illegible] and [illegible] 992003000579246 Date 06/03/26

MEDICAL RECORD

Date	Remarks	Treatment	Cost
13/11/2025	vaccination + milpro		
15/12/2025	vaccination + milpro		
5/3/26.	[illegible] : Sterilised [illegible]		

PTS APPROVAL

NAME	SIGN

MY OWNER

NAME: Roedel Meyer

POSTAL ADDRESS:

STREET ADDRESS: 291 Voortrekker Road

Germiston, Flat 1, Second floor

HOME PHONE:

WORK PHONE:

CELLPHONE: 0724148201

BREEDER DETAILS:

ME

SPECIES: Feline

BREED: DSH

COLOUR: Black + White

SEX: Male

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000579246

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
13/11/2025	375275 R2	
15/12/2025	375275 R2	

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 (isoqinoline) 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.

MSD Animal Health

Nobivac® DHPPi | Quantel® | Exitel Plus | Exitel Plus XL | BRAVECTO®

Visit us on facebook

facebook.com/Bravecto.SouthAfrica

facebook.com/MsdPetsSa

RAYNER HOTELS (PTY) LTD

INVOICE - GMWS1-2026-03

PO Box 1554 Mossel Bay 6500

raynerhotels@gmail.com

26 February 2026

Deposit Received
NONE

TO :
Roedel Meyer (roemeyer8@gmail.com)
Flat no 1
Gourits Centre
291 Voortrekker Rd
GOURITSMOND
6696

RENT : GM FLAT NO 1 : MARCH 2026	R	[redacted]
HESSEQUA MUNICIPALITY : SERVICES : Water, refuse, sewerage	R	[redacted]

PLEASE USE THE FOLLOWING REFERENCE WHEN MAKING PAYMENT:

"ROEDEL STUDENT LOAN"

TOTAL AMOUNT PAYABLE ON OR BEFORE 01/03/2026 **R** [redacted]

BANK DETAILS :
R Meyer
FIRST NATIONAL BANK
Branch Code : 250 655
Account Number : 628 2530 4372
Reference : ROEDEL STUDENT LOAN
Proof of payment : email to : raynerhotels@gmail.com

Escalation 1 Feb 2025 = NIL
Escalation 1 Feb 2026 = NIL due to current R/$ exchange rate

loaded

ADMISSION NO MBV 8692

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 04/05/26 TIME: 09:39

NAME OF APPLICANT: Roedel Meyer

ADDRESS: 291 Voortrekker Road, Germiston

HOME TEL No: _____ CELL No: 0724148201

ANIMAL(S) ADOPTING: OSH

SEX: Male AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Concrete 3meter		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	pinscher				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	♂ / Neuter	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Flat Space for both animals

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Laura SPCA: Mossel Bay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE