

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



Letter from Body Corporate



Sterilization Contract and Date of sterilization Contract Done 05/03/2026



Copy of Vaccination Record/ Certificate



Microchip



Microchip Registration- chip number _____

Adopter INFO:

Name & Surname Roedel Meyer

Contact INFO: 072414 8201

13/03/26



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: 062 003 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: [Signature]

Date: 6 March 2026

DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO

R. MEYER

ID No.: 02/9707080075089 FEMALE

Birth/Geboortedag: 06/07/1997 ZA Regd./Regist.: 1

Lic. No./Lisensienr.: 602000008384 No. 1

Valid/Geldig: 03/07/2022 - 02/07/2027

Issued/Uitgereik: 2A

Code/Kode: 8

Van Regd./Vanaf registrering: 27/06/2022

First Issue/ eerste uitreiking

SA SOUTH AFRICA



MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIPPING



992003000579246

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0724148201

E-mail * roemeyer8@gmail.com

Title * MS Initials * R

Street 291 VOORTREKKER ROAD

Suburb FLAT 1, second floor

Country

Phone - Day time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

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 LEWERS

PET DETAILS

Pet Name KUMA

Species * FELINE

Colour BLACK & WHITE

Gender ☒ Male ☐ Female

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

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 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.
1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die diere, beskeif of die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsonderlike diskresie met dien verstande dat die Vereniging sal poeg om dit in 'n nuwe hute te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.
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.
2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n diere aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menselikehedsredes vernietig behoort te word, die Vereniging die reg sal he om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.
3. Any charges endorsed hereon are due and payable on request.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. The Society will not home any animal unsterilised.
4. Die Vereniging sal geen diere plaas wat ongesterriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature	Witness for Society signature
Reason for Euthanasia	

Euthanasia 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 and I  992003000579246

Date 06/03/26

MEDICAL RECORD

Date	Remarks	Treatment	Cost
13/11/2025	vaccination + milpro		
15/12/2025	vaccination + milpro		
5/3/26	GP: Switzel		

PTS APPROVAL

NAME	SIGN

MY OWNER

NAME Roodel Meyer

POSTAL ADDRESS

SHEET ADDRESS 291 Voorrekker Road

Gavinismond, Flat 1, Second Floor

HOME PHONE

WORK PHONE

TELEPHONE 07 24 14 8201

BREEDER DETAILS

ME

SPECIES Feline

BREED DSH

COLOR Black + white

SEX Male

DATE OF BIRTH

MICROCHIPS/TATTOO 992003000579246

FEATURES/MARKS

NEXT VACCINATION DUE

DATE DATE

I WAS VACCINATED ON

DATE 13/11/2025 VACCINE AND BATCH NO. VET SIGNATURE

DATE 15/12/2025 VACCINE AND BATCH NO. VET SIGNATURE

I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE

DATE VACCINE AND BATCH NO. VET SIGNATURE

DATE VACCINE AND BATCH NO. VET SIGNATURE

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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 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), 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 (isiquinolone) 50 mg/tablet and Fenbendazole (benzimidazole) 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. G4063 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

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

HESSEQUA MUNICIPALITY : SERVICES : Water, refuse, sewerage

R

PLEASE USE THE FOLLOWING REFERENCE WHEN MAKING PAYMENT:

"ROEDEL STUDENT LOAN"

TOTAL AMOUNT PAYABLE ON OR BEFORE 01/03/2026

R

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



ADMISSION NO

MBV 8692

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED:

YES ☒ NO ☐

DATE UNDERTAKEN:

21/03/26

TIME:

09:39

NAME OF APPLICANT:

Roedel Meyer

ADDRESS:

291 Voortrekker Road, Gauritmond

HOME TEL No:

CELL No:

0724148201

ANIMAL(S) ADOPTING:

DSH

SEX:

Male

AGE:

3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION

Type and height of fence:	Gate 3m	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	pincher				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	♀ 1 year	1	1	1	1
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:

Larr

SPCA:

mosselley

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE