ADOPTION CHECKLIST

ADMISSION NO: MBY9411

CONTRACT NO: MA 0205

- [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 29/01/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 06/02/26
- [x] Microchip Registration- chip number 992003000578723

Adoptee INFO:

Name & Surname Ashley O'Connell

Contact INFO: 0606995952

Completed by: _____ Date: 05/02/26

Manager: _____ Date: 05/02/26

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.

marmelade 9410.

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): Ashley O'Connell

HOME ADDRESS: 59 Kusweg Crouritsmond

ID NO.: 0511290096086

POSTAL ADDRESS: 6696

TEL NO (H): 0606995952 (B): 0713322821 (WhatsApp only)

CELL NO: ↓ FAX NO:

EMAIL: oconnellashley110@gmail.com / bertie[illegible]@gmail.com

Address where animal will be kept: 59 Kusweg Crouritsmond 6696

Occupation: Software developer

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

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

Reason for wanting animal: Ready for some love and care

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? any

Can you afford private fees? yes Who is your vet? ~~SPCA~~ Heiderand dier klinieke

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

What are the sexes of your animals? DOGS: ~~Male~~ Female ✓ CATS: Male Female

Are all your animals sterilised? Give details yes

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? 1 OTHER?

Which animals do you still have, and what happened to the others? both of them, cat lives with my mother

Is your property fenced and has a proper gate? no Will you chain/ an animal? no

Full description of the fencing and gate: we're getting a gate in winter months Height: 2.4 ~~2.6~~ m

What shelter is provided: OUTDOORS KENNEL OTHER in house

Have you previously had pets from an SPCA? yes Are there children under 10 in your household? no

Pre Home Inspection Fee: R100. Receipt No: 9017

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 [signature] **Date of application** 27/01/26

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Hermanus Albertus Nieuwoudt
   - Contact Number: 071 332 2821
   - Email Address: bertie0001@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Michelle Smit
   - Contact Number: 076 482 6026
   - Email Address: michellesmit3@gmail.com

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: 05/02/26

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000578723

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. * 0606995952 — Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * oconnellashley110@gmail.com — If possible, please provide a personal email, not a company email.

Title * Mrs — Initials * (illegible) A — Surname * O'Connell

Street 54 kusweg — City

Suburb Gouritsmond — Area Code

Country — Province Gouritsmond

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 * 06 - 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 KAY LEVERS

PET DETAILS

Pet Name — Date of birth

Species * Feline — Breed * DSH

Colour Torti — Markings Torti

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

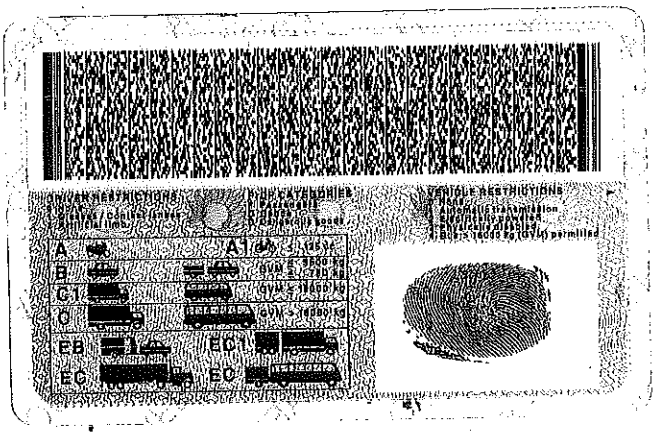
Medical Insurance Phone

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

DBV SPCA
Garden Route

KENNEL No. C63 C5				ADMISSION No. MBY9411		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 30/12/25			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	30/12/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked 30/12/25	Microchip or ID Tag number	None.

DESCRIPTION & HISTORY

Dog / Cat	Cat	Other species (Specify)	B/I.	
Breed	DSH	Colour and Markings	Torti	
Condition	Fair.	Sex	♀	Age 1-2 maande
Temperament	Fair	Sterilisation details	No	Name
Coat S	Tail L	Teeth Condition Fair	Ears Pricked	Size S
Area found / collected from	Brandwag			Date 30/12/25
Reason for surrender	Too much Cats.			

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	Johan Marx.		
Residential Address	15 Levendal Straat Brandwag				
Postal Address	No postal				
Tel (H) No num	Tel (W) No num	Cell 0613118283			
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 uitdrukilk 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 Refer to MBY 9410	Witness for Society MSJoseph

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

9920030000578723 ADMISSION NO MBY 9410

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 28/01/26 TIME: 13h55

NAME OF APPLICANT: Ashley O'Connel

ADDRESS: 59 Kusweg 1 Gouritsmond

HOME TEL No: _____ CELL No: 0606995952

ANIMAL(S) ADOPTING: Torti Cat

SEX: Female AGE: Juvenile

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Pre-cast		Suitability of fence (i.e. small pets can't escape): no	
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?	Yes
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	Collie				
CONDITION	Cool				
WELFARE (good?)	Good				
SEX & AGE	F 1.6	1	1	1	1
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: Thembe SPCA: Mossy SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	A. O'Connell
POSTAL ADDRESS	
STREET ADDRESS	59 Kuswag
	Gouritsmond
TOWN/CITY	
NEXT OF KIN	
CELL PHONE	0606995952
OTHER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	Torroise Shell
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000578723
FEATURES/MARKS	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
19/01/26	375215 R2 Ser. [illegible] Exp. [illegible]	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

NEXT VACCINATION DUE

DATE	DATE	DATE

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.

MSD Animal Health

Nobivac

Quantel

Exitel Plus

Exitel Plus XL

BRAVECTO

facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
O'CONNELL
Names:
ASHLEY
Sex:
F
Nationality:
RSA
Identity Number:
0511290096086
Date of Birth:
29 NOV 2005
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Conditions:

This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:

23 SEP 2024

125582256

NOTICE OF PERSONAL PARTICULARS

1. Any changes to the personal particulars in your ID Book must be communicated to all releyant parties.

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.

2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

I.D. No. 900305 5330 083

S.A.CITIZEN

SURNAME
NIEUWOUDT

FORENAMES
HERMANUS ALBERTUS

COUNTRY OF BIRTH
SOUTH AFRICA

DATE OF BIRTH
1990-03-05

DATE ISSUED
2012-10-26

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS

BVSA Konsult (Pty) Ltd

Reg No: 2009/012692/07 | VAT No: 4150253278
10 Church Street
Tel: 044 601 8600 | Email: msbreceipts@bving.co.za
www.bvsa.co.za

bvsa

Statement

Mr HA Nieuwoudt

59
Kusweg
GOURITSMOND
WESTERN CAPE
6696

Statement Date: 31/12/2025
Client Code: 3INA1408
Client Vat No: -

Date	Ref	Type	Debit	Credit	Balance
01/12/2025		Opening Balance	4 284.65		4 284.65
12/12/2025	MINV006055	Invoice	1 903.25		6 187.90

90 Days and over	60 Days	30 Days	Current	Amount Due
(401.60)	0.00	4 686.25	1 903.25	6 187.90
OVERDUE			PAYABLE ON PRESENTATION	

REMITTANCE DETAILS

Total Due: 6 187.90
Client Code: 3INA1408
Mr HA Nieuwoudt

BANKING DETAILS : ABSA ACC NO : 4120 9081 32 BRANCH : 632005

Use client no. as payment reference. Due on presentation. Interest charged if overdue. Should you have any queries or disputes with regard to this invoice, please contact us within 15 days from the date of this invoice. This account has been rendered in terms of our general terms and conditions as contained in the "client mandate" which is available on our website: www.bvsa.co.za/mandates. By employing our services, you are bound by our general terms and conditions.

Ek, Hermanus Albertus Nieuwoudt
ID 9003055330083 bevestig dat
Ashley O'Connell by my bly te Kusweg 59
Gouritsmond, 6696.

Ons huur kontrak is geteken 2 weke
trug en weg nog vir die eienaar om
vir ons 'n copy te stuur.

05-02-2026

Ek, Hermanus Albertus Nieuwoudt
ID 9003055330083 bevestig dat
Ashley O'Connell by my bly te Kusweg 59
Gouritsmond, 6696.

Ons huur kontrak is geteken 2 weke
trug en weg nog vir die eienaar om
vir ons 'n copy te stuur.

05-02-2026

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
O'CONNELL
Names:
ASHLEY
Sex:
F
Nationality:
RSA
Identity Number:
0511290096086
Date of Birth:
29 NOV 2005
Country of Birth:
RSA
Status:
CITIZEN

Signature: