ADOPTION CHECKLIST

ADMISSION NO: MBY 9908

CONTRACT NO: MA0254

- [ ] 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
- [✓] Sterilization Contract and Date of sterilization Contract END APRIL
- [✓] Copy of Vaccination Record/ Certificate
- [✓] Microchip
- [✓] Microchip Registration- chip number 992003000579339 ✓

Adoptee INFO:

Name & Surname Dr S. Lourens

Contact INFO: 084 597 3826

Completed by: _____ Date: 24/03/26

Manager: MJentzel Date: 25/03/26

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.

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): S. Lourens

HOME ADDRESS: 4 Stellenbosch Ave, Hartenbos

ID NO.: 6402070007083

POSTAL ADDRESS: AS ABOVE

TEL NO (H): – (B): 044 6950729

CELL NO: 0845973326 FAX NO: –

EMAIL: stellou@mweb.co.za

Address where animal will be kept: AS ABOVE

Occupation: Veterinarian

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

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

Reason for wanting animal: I am a veterinarian I love animals

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? Domestic cat

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

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

What are the sexes of your animals? DOGS: Male 1 Female 1 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? 2 CATS? 2 OTHER? _____

Which animals do you still have, and what happened to the others? 2 dogs, the cats were killed in accidents

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

Full description of the fencing and gate: Clearview + vibracrete Height: 1.8 M

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: 9193

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 Lourens **Date of application** 20/03/26

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	40-000958-009-5
DATUM VAN REKENING:	22/01/2026
LAASTE KWITANSIE DATUM:	21/01/2026
VOORAFBETAALDE METERNOMMER:	

BTW REG. NO.
Naam:
LOURENS S
Liggingsadres:
4 STELLENBOSCHWEG HARTENBOS
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO: 2610.00	ERF NOMMER: 958000	TOTALE WAARDASIE: 0	WYK No: 10

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				3296.57
21/01/2026 2875	ELEKTRISITEIT 18/11/2025-18/12/2025				2345.85 *
	80294 - 80892 (598 KWH 30 Dae)				
	BASIES			431.91	
	07/25	598.00 @	2.689 =	1607.96	
	VAT/BTW			305.98	
21/01/2026 AMR1211380	WATER 18/11/2025-18/12/2025				791.15 *
	1095 - 1134 (39 Kl 30 Dae)				
	BASIES			261.39	
	07/25	5.92 @	0.000 =	0.00	
	.	13.81 @	10.030 =	138.51	
	.	9.86 @	13.038 =	128.56	
	.	9.41 @	16.950 =	159.50	
	VAT/BTW			103.19	
21/01/2026 300010	VULLIS				320.62 *
	KWITANSIES				3296.00-
	Balans Oorgedra				0.19-
BTW OP '*' ITEMS:	450.99	ACB TOT:	0.00		

KREDIET	60 DAE	30 DAE	LOPENDE	TE BbetaalDE
0.00	0.00	0.00	3458.19	3458.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	16/02/2026	3458.00

VAT No. / BTW Nr. 4830118370

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. 400009580095

EasyPay >>>>>9152640000958000958

pay@ 11379 400009580095

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

LOURENS S
POSBUS 1115
HARTENBOS
6520

40-000958-009-5

Fold and tear on perforation.

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit indien word by of gepos word aan die naaste streek- distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 640227 0007 08 3

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
LOURENS

VOORNAME/FORENAMES
STELOUISE

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1964-02-27

DATUM UITGEREIK
DATE ISSUED
2010-03-04

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

GARDEN ROUTE SPCA MOSSELBAY			
DATE	12/02/26	ANIMAL NAME	
KENNEL NUMBER	CB1	BREED	DSH
CARD NUMBER	MBY 9910	STERILIZED	NO
COLOUR	Tabby, 4 white paws	MALE/FEMALE	Male
VACCINATED		AGE	Juvenile
PROOF OF VACC		STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	1.45		
TEMPERATURE	38.9		
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

MY OWNER

NAME	Dr S. Lourens
POSTAL ADDRESS	
STREET ADDRESS	4 Stellenbosch Ave
	Harfenbos
HOME PHONE	
WORK PHONE	
CELL PHONE	084 5973326
EMERGENCY DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	Tabby
SEX	Male
DATE OF BIRTH	
MICROCHIP NO.	992003000579339
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
12/02/26	079215 R2	
13/03/26	079215 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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	07/02/26		Time in	09:28	Date for release	

IDENTIFICATION & LOST AND FOUND						
Lost & Found checked		Yes / No	Lost & Found Date checked			
Microchip/Collar or ID tag found		Yes / No	Date scanned or checked		Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Dsh	Colour and Markings	Tabby	
Condition	fair	Sex	♂	Age Juvenile
Temperament	friendly	Sterilisation details		Name
Coat Short	Tail long	Teeth Condition Good	Ears up + Down	Size Small
Area found / collected from	Voorbaai			Date 07/02/26
Reason for surrender	owner can't afford			

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	Rosa Pietorius		
Residential Address	4 Eagle Rock Bolton Str Voorbaai				
Postal Address					
Tel (H)	Tel (W)	Cell	0637463575		
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

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

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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Joe Davis
   - Contact Number: 0769437264
   - Email Address: mojomusicschool.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? _____
   - 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: 24.03.2026

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0254 DATE: 24/03/2026

between Mosselbay SPCA
stellou@mweb.co.za
64 0227007083

and

Name DR. S. Laurens

Address 4 Stellenbosch Ave, Harrenbos

Telephone Numbers (H) (B) 084 597 3326

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

Animal's Name Sex Male Age 10 weeks

Description Tabby, Male

On (due date) END APRIL Adoption Form No. MA0254

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: Laurens For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Signed:

Date:

992003000579339

Vet Practice Number *

[illegible]

[illegible]

Cell No. * 084 597 3326

Email * stellou@mweb.co.za

please provide a personal email not a company email

Title * DR | Initials * S | Surname * LOURENS

Street 4 STELLENBOSCH AVE

City

Suburb HARTENBOS

Area Code SEEMEEUPARK

Country

Province

Phone - Day time

Phone - Night time

[illegible]

Title * | Initials * | Surname *

Cell No. *

Title * | Initials * | Surname *

Cell No. *

Title * | Initials * | Surname *

Cell No. *

[illegible]

Registration Date *

Date of Implant * 24 - 03 - 2026

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

Name of Vet who implanted the Chip KAY IEVERS

[illegible]

Pet Name Alfie.

Date of birth

Species * Feline

Breed * DSH

Colour Tabby

Markings

Gender (Male) Female

Sterilised Yes (No)

[illegible]

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

[illegible]

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 [signature]

[illegible]

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 email — 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

www.backhome.co.za - Tel: 011 852-6320 or or 011 027 8837 - Fax: 0800 222 546

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 24/03/26 TIME: 14:46

NAME OF APPLICANT: Dr. S. Lawrens

ADDRESS: 4 Stellenbosch Ave, Hartenbos

HOME TEL No: CELL No: 084 5973326

ANIMAL(S) ADOPTING: 2 Cats

SEX: 2 x Male AGE: 084 5973326 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Clear view 2½ m		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?	2 dogs

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Maltese	Boerboel x			
CONDITION	Good	Good			
WELFARE (good?)	Good	Good			
SEX & AGE	Male/1yr	Female/1yr	/	/	/
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: Kurt SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE