ADOPTION CHECKLIST

ADMISSION NO: MBY 8269

CONTRACT NO: MA0199

MBY. 9009 Pd.

- [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 Already done
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip Loaded 05/08/25
- [x] Microchip Registration- chip number 992003000579262

Adoptee INFO:

Name & Surname Nadine Linda De Wet

Contact INFO: 072 788 5127

Completed by: Lauren Joseph Date: 23/01/26

Manager: Date: 30/01/26

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.

ADMISSION NO MB4 8269

9920030005792 62

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 22-1-26 TIME: 18:00

NAME OF APPLICANT: Nadine De Wet

ADDRESS: 84 Klipper Street, Mosselbay

HOME TEL No: CELL No: 072 788 5627

ANIMAL(S) ADOPTING: Siamese X

SEX: Female AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall		Suitability of fence (i.e. small pets can't escape): wall	
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?	gate
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	DSH				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	1 YR / ♂	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Approved

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Lorano SPCA: mossel bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

FOR ATTENTION: Mrs Nadine De Wet
84 Klipper Road
Mossel Bay Central
Western Cape
6500

25 May 2024
Policy number: OT63045686

Dear Mrs De Wet,

Thank you for your continued support
Can you believe another year has passed? While we've all seen a lot of changes around us, one thing remains constant – our commitment to offering you great value and awesome service.

Keeping you covered
Our aim will always be to give you the awesome service you deserve. In order for us to ensure we are there when you need us most and that your cover remains intact, premiums need to be kept in line with the unprecedented increase in the number and value of claims.

Your premium is based on your unique risk profile, and we're constantly doing what we can to ensure you get the correct cover at the right premium.

We have maintained the flat excess structure, where the basic excess indicated on your schedule is payable when you claim, regardless of the value or nature of the claim.

In line with this, your total premium has been adjusted from R659.40 to R710.95 effective from 01 July 2024. This amount will be debited from your bank account on this date.

How do we calculate your premium?
Whilst some factors don't necessarily apply to every client, we take the following into account when calculating your premium:

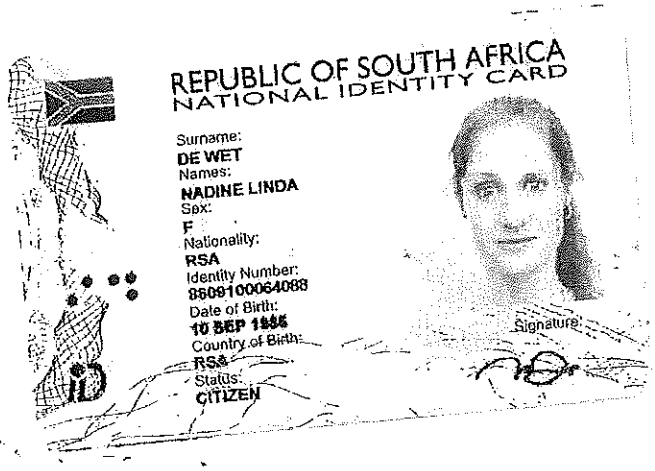
- Previous claims and premium non-payments.
- Improvements in risk factors, which influence your profile, as well as general trends in claims frequencies.
- The effects of inflation on repair and replacement costs.
- Where applicable, we've increased the value of your cover to ensure that it is in line with inflation. The adjustment to the value of cover also allows for a higher growth in contents items for younger clients.

Please take note:

- You need to ensure that the cover amount is accurate to prevent under- or over-insurance.
- Keep us updated on all changes relevant to your policy as this could influence your premium and cover. For example, change of address or even security upgrades.

We've included your updated policy wording and a summary of the risk(s) on cover. Please take a few minutes to read through them carefully to understand the revised terms and conditions, your premium and excess amounts.
Please refer to the attached document for a summary of material changes to your policy.

Are you getting the full OUTsurance experience?
Download our app or register on the MyOUTsurance portal (https://my.outsurance.co.za/login). Amongst a host of things, you can easily manage your insurance profile, download documents, complete a windscreen or geyser claim, request Help@OUT roadside or home assistance 24/7 (not available for Essential cover), get additional cover and even enjoy a R1000 discount on your premium if you successfully refer a friend.



Ek sertifiseer dat hierdie dokument 'n ware afdruk/afskrif is van die
certify that this document is a true reproduction/copy of the original
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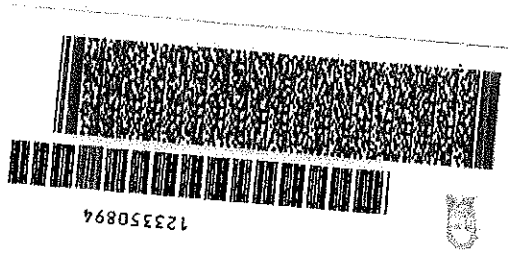
which was examined by me and that from my observations the
waarnemings, die oorspronklike nie op enige wyse gewysig is nie.
original has not been altered in any manner.

D6870-0

ZA Ngamntu

Datum/Date ..... Handtekening/Signature ..... Pang/Rank .....

SUID-AFRIKAANSE POLISIEDIENS
STASIEBEVELVOERDER
COMMUNITY SERVICE CENTRE
12 -12- 2025
MOSSELBAAI / BAY
STATION COMMANDER
SOUTH AFRICAN POLICE SERVICE



12335089 4

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:
19 JAN 2022

GARDEN ROUTE SPCA MOSSELBAY			
DATE	19/09/2025	ANIMAL NAME	
KENNEL NUMBER	CB4	BREED	Siamese X
CARD NUMBER	MBY 8269	STERILIZED	NO
COLOUR	Brown + White	MALE/FEMALE	FEMALE
VACCINATED	Yes	AGE	Adult
PROOF OF VACC	Yellow card.	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	2.3 kg.		
TEMPERATURE	37.6		
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	Nadine Linda De Wet
POSTAL ADDRESS	
STREET ADDRESS	84 Klipper Street
	Mosselbay
HOME PHONE	
WORK PHONE	
CELLPHONE	072 788 5127
BREEDER DETAILS	

ME

SPECIES	FELINE
BREED	SIAMESE
COLOUR	CREAM
SEX	FELINE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000579262
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
19/09/25		
03/11/25		
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

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

(0404)

DEV SPCA
Garden Route

KENNEL No.	CB 4 C5			ADMISSION No.	MBY8269	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	17/7/25	NA	Time in		Date for release	NA

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

DESCRIPTION & HISTORY

Dog	Cat x1	Other species (Specify)	3 x km	
Breed	Shimoge	Colour and Markings		
Condition	Fair	Sex ♀	Age	
Temperament	Fear	Sterilisation details none	Name	
Coat Short	Tail long	Teeth Condition Fair	Ears up	Size Med
Area found / collected from	Groot Brak			Date 17/9/25
Reason for surrender	Unwanted and 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	* Hester Twigg		
Residential Address	* Grootbrakrivier Woonwaen Yggdraal 5				
Postal Address	none				
Tel (H) none	Tel (W) none	Cell * 0647488462			
Email	none				
Donation R none	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: Wally

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 uitdruklik 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 * H Twigg	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: _____

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): Nadine Linda De Wet

HOME ADDRESS: 84 Klipper Street, Mosselbay

ID NO.: 8609100064088

POSTAL ADDRESS: N/A

TEL NO (H): N/A (B): N/A

CELL NO: 072 788 5127 FAX NO: N/A

EMAIL: n.dewet.86@gmail.com

Address where animal will be kept: 84 Klipper Street, Mosselbay

Occupation: HR practitioner

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: She has not been adopted after a long while being at the SPCA her character is beautiful and I have had the idea for a while to look out for a companion for my current cat, also from SPCA.

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? Siamese

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

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

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

Which animals do you still have, and what happened to the others? Both dogs passed in 2023, I still have my cat.

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

Full description of the fencing and gate: Walls and electric gate Height: High

What shelter is provided: OUTDOORS — KENNEL — OTHER No

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

Pre Home Inspection Fee: — Receipt No: —

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 — **Date of application** 15/01/2026

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

2. **Additional Family Member/Friend Details**
   - Full Name: ~~Karen Gatt~~ Johannes Nel 061 624 4982
   - Contact Number: ~~0822971847606162471~~
   - Email Address: jojacnele@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: _____

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MI

992003000579262

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. * 072 788 5127

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

E-mail * n.dewet.86@gmail.com

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

Title * MS Initials * NL Surname * DE WET

Street 84 Klipper Street City

Suburb Area Code MOSSELBAY

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 * 22 - 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 Nala Date of birth

Species * FELINE Breed * SIAMESE X

Colour CREAM + BLACK. 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