ADOPTION CHECKLIST

ADMISSION NO: MBY 9027

CONTRACT NO: MA 0198

- [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 Mid March
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 06/02/26
- [x] Microchip Registration- chip number 992003000579261

Adoptee INFO:

Name & Surname Claudette Cloete

Contact INFO: 083 771 3893

Completed by: _____ Date: 26/01/2026

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.

One of the Global One money management products or services

Proof of Account Details

CAPITEC

Capitec Bank

26/01/2026
Branch: 470010
Device:

SkyQR App Store Google Play

Validate this document using SkyQR

To Whom it May Concern

We hereby confirm that Miss Claudette Cloete has the following account(s) at Capitec Bank Limited on 26/01/2026:

Client Details

Name:	Claudette Cloete
ID/Passport Number:	8612230028080
Residential Address:	27 Kieriehout Street, Hartenbosheuwels, Hartenbos, 6520
Postal Address:	27 Kieriehout Street, Hartenbosheuwels, Hartenbos, 6520

Account Details

Account Status:	Active
Account Type:	Savings
Account Number:	1528604162
Bank Name:	Capitec
Branch Code:	470010
Date Opened:	2017-05-26

The account details provided herein should not be read as extending by implication to any other matters not specifically addressed. The account details are given as at the above date and no obligation is hereby assumed to update the account details on any future date.

Capitec Bank Limited shall have no liability whether in contract, delict (including without limitation negligence) or otherwise to the above accountholder or any third party in relation to the account details contained herein.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: _____
- Contact Number: _____
- Email Address: _____

2. Additional Family Member/Friend Details

- Full Name: Petro Cloete
- Contact Number: 0837577675
- Email Address: sam.petrocloete@yahoo.com

3. Previous SPCA Adoption

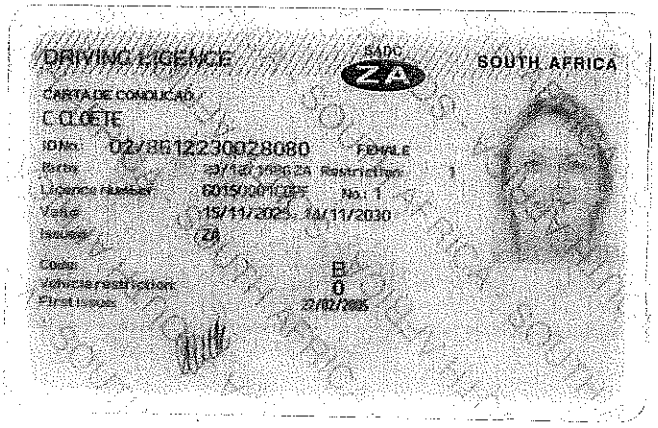
- Have you previously adopted SPCA? (Yes/~~No~~)
- If yes, when? n.a
- Where? n.a
- What animal did you adopt? n.a

1. Adoption Contract Acknowledgment

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: _____

Date: 26/01/2026.


DRIVING LICENCE

SADC ZA SOUTH AFRICA

CARTA DE CONDUCÃO

COMPLETE

ID No: 02/06/12230028080 FEMALE

Born: 23/12/1990 ZA Restrictions 1

Licence Number: 6015/000[illegible] No.: 1

Valid: 15/11/2024 to 15/11/2030

Issued: ZA

Code: B

Advise restriction: 0

First Issue: 23/02/2015

DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb

PrDP CATEGORIES
P Passengers
G Goods
D Dangerous goods

VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 Bus > 16000 kg (GVM) permitted

A		A1	≤ 125 cc
B			GVM ≤ 3500 kg ≤ 750 kg
C1			GVM ≤ 16000 kg
C			GVM > 16000 kg
EB		EC1	
EC		EC	

Calico
C 2.
9021.

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): Miss Claudette Cloete

HOME ADDRESS: 27 Kieriehoutstraat, Hartenbosheuwels

ID NO.: 861223 0028080

POSTAL ADDRESS: _____

TEL NO (H): _____ (B): _____

CELL NO: 083 771 3893 FAX NO: _____

EMAIL: claudettecloete@yahoo.com

Address where animal will be kept: 27 Kieriehoutstraat Hartenbosheuwels

Occupation: Business Owner

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

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

Reason for wanting animal: Addition to family.

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? DSH

Can you afford private fees? Yes Who is your vet? Still deciding

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

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

Are all your animals sterilised? Give details n.a

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

Which animals do you still have, and what happened to the others? _____

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

Full description of the fencing and gate: Perimiter wall Height: 2m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: 9001

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** 22.01.2026.

cooked

ADMISSION, ASSESSMENT AND HISTORY RECORD

CBS CR

DBV SPCA
Garden Route

KENNEL No. Isolation CBT				ADMISSION No. MBY9027		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 31/02/25			Time in 10'30		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	Calico	
Condition	Good		Sex ♀		Age
Temperament	Good		Sterilisation details	None	Name
Coat Short	Tail Long	Teeth Condition Good	Ears up		Size Kitten
Area found / collected from	Hela				Date 31/02/25
Reason for surrender	Owner can't keep				

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	Mathews Nhamboy		
Residential Address	53 Tomato Str				
	Hela				
Postal Address					
Tel (H)	Tel (W)	Cell 061 5011199			
Email					
Donation R	Cash	Card	EFT	(Receipt No.) N/A	

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

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

MY OWNER

NAME	Claudette Cloete
POSTAL ADDRESS	
STREET ADDRESS	27 Kieriehout Straat
	Hartenbos Heuwels
HOME PHONE	
WORK PHONE	
CELLPHONE	083771 3893
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	CALICO
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000579261
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
16/02/2026		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
19/01/26	[vaccine sticker: 375275 R2] + milpro	[signature]

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.

.992 00300057926 1 ADMISSION NO MBY 9027

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 23/1/26 TIME: 15:30

NAME OF APPLICANT: Claudette Cloete

ADDRESS: 27 Kieviehoutstraat, Hartenbos heuwels

HOME TEL No: CELL No: 083 771 3893

ANIMAL(S) ADOPTING: Calico Cat

SEX: ♀ Female AGE: 9 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wire mesh / Brick walls		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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ ♀	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Pool at the back (Barricaded)

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Kerr SPCA: Mosselbay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0198

DATE: 26/01/2026

8612230028080

claudetkecloete@yahoo.com

between Mosselbay SPCA

and

Name Claudetia Cloete

Address 27 Kiewiehout Straat, Harkebos heuwels

Telephone Number: (H) (B) 083 771 3893

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

Animal's Name Sex Female Age 8 weeks

Description Cat

On (due date) Mid march Adoption Form No. MA 0198

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: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MIC

992003000579261

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. * 083 771 3893 — Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

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

Title * MISS Initials * C Surname * CLOETE

Street 27 Kievieholm City

Suburb Area Code Harkenbosheuwels

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 * 06 - 02 - 2026

Date of Implant * 26 - 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 LILY Date of birth

Species * FELINE Breed * DSH

Colour CALICO 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